I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and tha)17 SI

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L01000010657

Entity Name: KABLELINK COMMUNICATIONS, LLC

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

5510 N HESPERIDES ST TAMPA, FL 33614

Current Mailing Address:

5510 N HESPERIDES ST TAMPA, FL 33614

FEI Number: 59-3727831

Name and Address of Current Registered Agent:

ALVAREZ, RICK 3014 WEST PALMIRA AVE SUITE 202 TAMPA, FL 33629 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	RICK ALVAREZ			02/07/2017
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGRM	Title	MGRM	
Name	CUFFE, CRAIG	Name	GESKE, TIMOTHY	
Address	5510 N HESPERIDES ST	Address	5510 N HESPERIDES ST	
City-State-Zip:	TAMPA FL 33614	City-State-Zip:	TAMPA FL 33614	

at my name appears above, or on an attachment with all other like empowered.		
SIGNATURE: CRAIG CUFFE	MGRM	02/07/201

Date

FILED Feb 07, 2017 Secretary of State CC4072409988

Certificate of Status Desired: Yes