

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043965

**FILED**  
**Jan 31, 2011**  
**Secretary of State**

**Entity Name:** UTILITY SERVICES SPECIALISTS GROUP, LLC

**Current Principal Place of Business:**

9929 LAUREL VALLEY AVE CIR  
BRADENTON, FL 34202 US

**New Principal Place of Business:**

**Current Mailing Address:**

9929 LAUREL VALLEY AVE CIR  
BRADENTON, FL 34202 US

**New Mailing Address:**

**FEI Number:** 20-0663785

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GAIPO, BONNIE L  
9929 LAUREL VALLEY AVE CIR  
BRADENTON, FL 34202 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GAIPO, BONNIE  
Address: 9929 LAUREL VALLEY AVE CIR.  
City-St-Zip: BRADENTON, FL 34202

Title: MGRM  
Name: WITTENZELLNER, TRINA  
Address: 2 STAFFORD ST.  
City-St-Zip: STAFFORD SPRINGS, CT 06076

Title: MGRM  
Name: KOCHNO, DONNA  
Address: 712 MARBURY LANE  
City-St-Zip: LONGBOAT KEY, FL 34228

Title: MGRM  
Name: WITTENZELLNER, MICHELLE  
Address: 91 SPAK RD.  
City-St-Zip: WILLINGTON, CT 06279

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: BONNIE L. GAIPO

MGRM

01/31/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date