


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90013 025 ***138.75

DOCUMENT # L04000091997

1. Entity Name
CARLSON ELECTRICAL CONSTRUCTION, L.L.C.



Principal Place of Business
**4564 GULF BREEZE PKWY
 GULF BREEZE, FL 32563**

Mailing Address
**7480 WOODMONT AVENUE
 NAVARRE, FL 32566**

60027802



2. Principal Place of Business - No P.O. Box #
4212 Gulf Breeze pkwy

3. Mailing Address
4212 Gulf Breeze pkwy

Suite, Apt. #, etc.

04212008 Chg-LLC CR2E083 (12/06)

City & State
Gulf Breeze FL

City & State
Gulf Breeze FL

Zip
32563 Country
USA

Zip
32563 Country
USA

4. FEI Number
20-2060459

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FOUNTAIN LAW FIRM, P.A.
 2045 FOUNTAIN PROFESSIONAL CT.
 SUITE A
 NAVARRE, FL 32566**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	MGRM CARLSON, CURT S	7480 WOODMONT AVENUE	NAVARRE, FL 32566	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Curts Carlson* **CURT S. CARLSON** *4-21-08* **850-934-0003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #