## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jul 14, 2006 8:00 am Secretary of State

S. Carrificate of Status Desired   \$5.00 Additional   \$5.00 Addition	DOCUMENT # L05000031831  1. Entity Name SWITCH ELECTRIC LLC						04-25-200	06 90016 025 *	***50.00
Suite, Apt. F. etc.  Suite, Apt. F. etc.  Suite, Apt. F. etc.  Suite, Apt. F. etc.  City & State  Ci	200 STARCRE 91	ST DR	200 STARCREST DR 91				1 9518) 6121 9817 2817 381	ni e fina (n <del>a</del> t men) (diéé ein	1 84251 HI 1921
City & State  Country  Country  Country  Country  Country  A. Confidence of Status Desired	Principal Place of Business     3. Mailing Address								
Zig County Zig County Sig County Sig County Sig County Signature Agent State States Desired States States County Signature States States County Signature States States County Signature States Stat	Suite, Apt. 1	i, etc.	Suite, Apt. #, etc.			04062006	Chg-LLC	CR2E083 (11/0	5}
2D Country 2D Country 3D Country 3D Country 5. Cardiscate of Status Desired 5 58.00 Additional For Requirement 2D For Regular September 1 For Regular September 1 For Regular September 1 For Regular Status Desired 5 For Regular September 1 For Reg	City & State		City & State			-d632	589 H	Applied For Not Applicable	
Name   NAVA POLER	Zip	Country	Zip	Coun	lry	5. Certificate		□ \$5.00 A	viditional
E. The above named entry submiss this statement for the purposes of changing its registered office or registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of your light and agent.  SIGNATURE  Filling Fee is \$50.00  Filling Fee is \$50.00  THE MANAGING MEMBERS/MANAGERS  D. MANAGING MEMBERS/MANAGERS  THE MGRM  ADLER, AVI  STRET MORES  CITY-51-2P  THE MARK  SIREI ADDRESS  CITY-51-2P  THE MARK  CITY-5	STEINBERG, JAY L EA 800 EAST BAY DR F				Name NAVA ROLER				
SIGNATURE    Signature   Michael Augustus names or regulation and expectation   (MOTE Regulated Agent signature received when remotishing)   Control	,	A	or the purpose of changing its	registere	7700	<u> </u>			
Due by May 1, 2006    Due by May 1, 2006   Due by May 1, 2006   Due by May 1, 2006   Due by May 1, 2006   Due by May 1, 2006   Due by May 1, 2006   Due by May 1, 2006   Due by May 1, 2006   Due by May 1, 2006   Due by May 2, 2005   Due by May 2, 2005   Due by May 3, 2006   Due by M	the obligation	ons of registered agent.	a del tale il applicable (MOT	E: Pegetere	d Agent signature require	d when reinstating)		14/11/0	
TITLE MAJER ADJUER, AVI NAME STREET ADDRESS CITY-ST-ZP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZP  TITLE NAM	Fii Du	ing Fee is \$50.00 ie by May 1, 2006							
NAME STREET ADDRESS CLEARWATER, FL 33765  TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE Deate  TITLE NAME STREET ADDRESS CITY-ST-2P  TITLE Deate S	9.	MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS	/CHANGES	
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE  ITTLE  NAME STREET ADDRESS CITY-ST-ZIP  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.	NAME - STREET ADDRESS		Celate	NAME STRE	E ET ADDRESS			☐ Chang	e 🔲 Addition
NAME SIRET ADDRESS CITY-ST-ZIP  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.	MAME STREET ADDRESS		□ Deteta	STRE	ET ADORESS		7	☐ Chang	e Addilion
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