

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042811

FILED  
Jan 16, 2008  
Secretary of State

Entity Name: M&E INSTALLATION SERVICES LLC

**Current Principal Place of Business:**

2743 SE DIXIE HIGHWAY  
STUART, FL 34996

**New Principal Place of Business:**

1250 SW CARL METZ LN  
PALM CITY, FL 34990

**Current Mailing Address:**

2473 SE DIXIE HIGHWAY  
STUART, FL 34996

**New Mailing Address:**

P.O. BOX 915  
PALM CITY, FL 34991

FEI Number: 76-0790838

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KAMERMAN, ELLIOT  
956 SE WESTMINSTER PLACE  
STUART, FL 34997 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 ( ) Delete  
Name: KAMERMAN, ELLIOT H  
Address: 956 SE WESTMINSTER PLACE  
City-St-Zip: STUART, FL 34997

Title: MGRM ( ) Delete  
Name: CRAWFORD, JAMES M  
Address: 1250 SW CARL METZ LANE  
City-St-Zip: PALM CITY, FL 34990

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JAMES M CRAWFORD

MGRM

01/16/2008

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