

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042811

FILED
Feb 12, 2009
Secretary of State

Entity Name: M&E INSTALLATION SERVICES LLC

Current Principal Place of Business:

1250 SW CARL METZ LN
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 915
PALM CITY, FL 34991

New Mailing Address:

FEI Number: 76-0790838

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KAMERMAN, ELLIOT
956 SE WESTMINSTER PLACE
STUART, FL 34997 US

Name and Address of New Registered Agent:

KAMERMAN, ELLIOT H
956 SE WESTMINSTER PLACE
STUART, FL 34997 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: ELLIOT KAMERMAN

02/12/2009

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

02/12/2009

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