

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 01, 2009  
Secretary of State**

DOCUMENT# L07000072996

Entity Name: SENEZ SOLAR ENERGY PROTECTION, LLC

**Current Principal Place of Business:**

1060 E INDUSTRIAL DR SUITE K  
ORANGE CITY, FL 32763

**New Principal Place of Business:**

**Current Mailing Address:**

1060 E INDUSTRIAL DR SUITE K  
ORANGE CITY, FL 32763

**New Mailing Address:**

FEI Number: 26-0531202      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

C/O LANDIS GRAHAM FRENCH, P.A.  
444 SEABREEZE BOULEVARD  
SUITE 1001  
DAYTONA BEACH, FL 32118 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: O'QUINN, SHAWN  
Address: PO BOX 740446  
City-St-Zip: ORANGE CITY, FL 32774

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

Title: MGRM ( ) Delete  
Name: SENEZ, ISAAC  
Address: PO BOX 740446  
City-St-Zip: ORANGE CITY, FL 32774

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: SHAWN O'QUINN

MGRM

05/01/2009

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