

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # M97000000845

1. Entity Name
ENERGY DISPATCH, LLC



Principal Place of Business
300 TECHNOLOGY COURT, SUITE 400
SMYRNA, GA 30082

Mailing Address
PO BOX 105554
ATTN: TAX DEPARTMENT
ATLANTA, GA 30348-5554



04022004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2355217

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BOLCH, SUSAN
STREET ADDRESS	300 TECHNOLOGY COURT
CITY - ST - ZIP	SMYRNA, GA
TITLE	MGRM
NAME	BOLCH, CARL III
STREET ADDRESS	300 TECHNOLOGY COURT
CITY - ST - ZIP	SMYRNA, GA 30082
TITLE	MGRM
NAME	BOLCH MORAN, ALLISON
STREET ADDRESS	300 TECHNOLOGY COURT
CITY - ST - ZIP	SMYRNA, GA 30082
TITLE	MGRM
NAME	LENKER, MAX
STREET ADDRESS	300 TECHNOLOGY COURT, SUITE 400
CITY - ST - ZIP	SMYRNA, GA 30082
TITLE	MGRM
NAME	DUMBACHER, ROBERT J
STREET ADDRESS	300 TECHNOLOGY COURT, SUITE 400
CITY - ST - ZIP	SMYRNA, GA 30082
TITLE	MGRM
NAME	CZAJA, CLAUDE P
STREET ADDRESS	300 TECHNOLOGY COURT, STE. 400
CITY - ST - ZIP	SMYRNA, GA 30082

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04/28/04-80057-012 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

ROBERT J. DUMBACHER

4-26-04 (770) 431-7600 x1188