

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000052109**

1. Entity Name

**APONTE'S COMPLETE ELECTRICAL SERVICE CO.,  
L.L.C.**



Principal Place of Business

**1093-D SUMMIT TRAILS CIRCLE  
WEST PALM BEACH FL 33415**

Mailing Address

**1093-D SUMMIT TRAILS CIRCLE  
WEST PALM BEACH FL 33415**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**56-2509158**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**APONTE, RONALD L  
1093-D SUMMIT TRAILS CIRCLE  
W. PALM BEACH FL 33445**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 file if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: **MGR** ☐ Delete  
NAME: **APONTE, RONALD L**  
STREET ADDRESS: **1093-D SUMMIT TRAILS CIRCLE**  
CITY-STATE-ZIP: **WEST PALM BEACH FL 33415**

☐ Change ☐ Addition

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

☐ Change ☐ Addition  
**U00000601792  
01/26/07-80065-002 50.00**

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

☐ Change ☐ Addition

TITLE: ☐ Delete  
NAME:  
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CITY-STATE-ZIP:

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TITLE: ☐ Delete  
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CITY-STATE-ZIP:

☐ Change ☐ Addition

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

**SIGNATURE:**

*Ronald L. Aponte*  
**RONALD L. APONTE**

**1-19-07**

**561-478-0080**

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

Date

Daytime Phone #