2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000022898

1. Entity Name
SERVIPART ELECTRIC LLC

Principal Place of Business	Mailing Address
6922 NW 179 ST APT 112 HIALEAH, FL 33015	6922 NW 179 ST APT 112 HIALEAH, FL 33015

DO NOT WRITE IN THIS SPACE

04012008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-4415856	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MEZA, LUIS E
6922 NW 179 ST
APT 112
HIALEAH, FL 33015

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MEZA, LUIS E
STREET ADDRESS	6922 NW 179 ST
CITY-ST-ZIP	APT 112, FL 33015
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000894531
04/24/08-80032-012 138.75

DO NOT WRITE IN THIS SPACE

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #