MOUNT CLEMENS, MIT 40040 US				
FEI Number: 26-1406114			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
INCORP SERVIO 3458 LAKESHO TALLAHASSEE,	REDRIVE			
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.				
The above named	entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Fi	lorida.
	entity submits this statement for the purpose of changing its regis : CHERYL A. CAMERON	tered office or regis	tered agent, or both, in the State of Fi	lorida. 04/26/2023
		tered office or regis	tered agent, or both, in the State of Fi	
SIGNATURE	CHERYL A. CAMERON	tered office or regis	tered agent, or both, in the State of Fi	04/26/2023
SIGNATURE	CHERYL A. CAMERON Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of Fi	04/26/2023
SIGNATURE	CHERYL A. CAMERON Electronic Signature of Registered Agent Person(s) Detail :			04/26/2023

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHERYL CAMERON

AGENT

04/26/2023

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000111666

Entity Name: SPE UTILITY CONTRACTORS FD, L.L.C.

Current Principal Place of Business:

10145 103RD STREET JACKSONVILLE, FL 32210

Current Mailing Address:

155 S. MAIN STREET **UNIT 528** MOUNT CLEMENS. MI 48046 US

City-State-Zip: MOUNT CLEMENS MI 48046

FE

Secretary of State 9871591658CC

City-State-Zip: MOUNT CLEMENS MI 48046

FILED Apr 26, 2023

Electronic Signature of Signing Authorized Person(s) Detail

Date