

FILED
Jul 11, 2002 8:00 am
Secretary of State

05-08-2002 90144 022 ****50.00

2002-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000015638

1. Entity Name

ELECTRONIC CONTROL, LLC

Principal Place of Business

4807 LILLIAN HWY.
PENSACOLA FL 32508

Mailing Address

4807 LILLIAN HWY.
PENSACOLA FL 32508

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

01-0601828

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARSONS, KENNETH D
4807 LILLIAN HWY
PENSACOLA FL 32508

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when releasing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
MANAGING MEMBER ☐ Delete
KENNETH D PARSONS
4041 MALTESE WAY
PENSACOLA, FL 32506

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

KENNETH D PARSONS

4/19/02

950 458 9046

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

Date

Desktop Phone #

CR20023 (8/01)