

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90282 045 ****50.00


20008072



01242005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 41-2027917	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

DOCUMENT # L02000001976
1. Entity Name
METRO ELECTRIC, LLC



Principal Place of Business 1850 PORTER LAKE DR SUITE 104 SARASOTA, FL 34240	Mailing Address 1850 PORTER LAKE DR SUITE 104 SARASOTA, FL 34240
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KING, ROBIN R
1546 RACIMO DRIVE
SARASOTA, FL 34240

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KING, WILLIAM A P.O. BOX 50084 SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KING, ROBIN R P.O. BOX 50084 SARASOTA, FL 34232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
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: *Robin R. King, MGR* **Date:** 1/20/05 **Daytime Phone #:** 941-3776574

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