2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT					APPROVE		
DOCUMENT # L0200008939 1. Entity Name TALQUIN ELECTRIC OF FLORIDA, LLC					AND FILED		
TALQUIN ELECTRIC OF FLORIDA, ELG					04 APR 28 A	MII: 15	
4178 APAL	ce of Business ACHEE PKWY EE, FL 32311	Mailing Address 4178 APALACHEE PKWY TALLAHASSEE, FL 32311			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 3. Mailing Address							
Suite, Apt		Suite Apt. #, etc.			- - I franken aft aekir kirki arki arki aeki aeki aeki afili (bita (bita (bita f		
	· · · · · · · · · · · · · · · · · · ·	City & State			04232004 Chg-LLC CR2E083 (10/		
City & Sta					4. FEI Number 04 – 3634446 APPLIED FOR	Applied For Not Applicable	
Zip	Country Zip Cou		Cour	ntry	5. Certificate of Status Desired See Rec	Additional uired	
	6. Name and Address of Current	Registered Agent		Name	7. Name and Address of New Registered Agent		
PETRANDIS, JOHNNY II 4178 APALACHEE PKWY			Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE, FL 32311				800035559868 05/06/0401024009 **\$50.00			
						Code	
8. The above	e named entity submits this statement for tions of registered agent.	r the purpose of changing its	register	ed office or register	red agent, or both, in the State of Florida. I am familiar v	vith, and accept	
SIGNATURE	• •			•			
	Signature, typed or printed name of registered agent	and title if applicable. (NOT)	E: Registere	d Agent signature required	d when rensigting) DATE		
F	iling Fee is \$50.00 ue by May 1, 2004				Make check payable Florida Department of S		
9.	MANAGING MEMBE		10.		ADDITIONS/CHANGES		
NAME STREET ADDRESS CITY-ST-ZIP	PETRANDIS, JOHNNY II 4178 APALACHEE PKWY TALLAHASSEE, FL 32311	☐ Deiete		1	☐ Chai	ge 🔲 Addition	
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11. I hereby o	Lectify that the information supplied with on this report is true and accurate and bility company or the receiver or tradee	this filing does not quality for that my signature shall have t empowered to execute this r	the exer	nption stated in Sec	ction 119.07(3)(i), Florida Statutes. I further certify that the lade under oath; that I am a managing member or manier 608, Florida Statutes.	e information ager of the	
SIGNAT	URE:				4/24/4		
	SIGNATURE OF TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MAN	AGER, OR	AUTHORIZED REPRESEN	NTATIVE Date Daytime Phone	+	