

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 25 PM 12:35

DOCUMENT # L02000008939					
1. Entity Name TALQUIN ELECTRIC OF FLORIDA, LLC					
Principal Place of Business 9105 OLD ST AUGUSTINE RD TALLAHASSEE, FL 32311			Mailing Address 9105 OLD ST AUGUSTINE RD TALLAHASSEE, FL 32311		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. 4178 Apalachee Pkwy.		Suite, Apt. #, etc. 4178 Apalachee Pkwy.			
City & State Tallahassee, FL 32311		City & State Tallahassee, FL 32311			
Zip	Country	Zip	Country	4. FEI Number	
5. Certificate of Status Desired				<input type="checkbox"/> Additional Fee Required \$5.00	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PETRANDIS, JOHNNY II 9105 OLD ST AUGUSTINE RD TALLAHASSEE, FL 32311			Name Johnny Petrandis Petrandis II		
			Street Address (P.O. Box Number is Not Acceptable) 4178 Apalachee Pkwy.		
			City Tallahassee, FL 32311		
			State 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE Mr Johnny Petrandis II	NAME 4178 Apalachee Pkwy.		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS Tallahassee, FL 32311	CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		05/28/03 <input type="checkbox"/> Change <input type="checkbox"/> Addition 01076 021 1050.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ 6/25/03					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date					
Cayman Phone #					

CFR2083 (10/02)