2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

Mar 07, 2008 08:00 AN Secretary of State DOCUMENT # L02000018035 1. Entity Name RISING SUN ELECTRIC, LLC Principal Piace of Business Mailing Address 3980 NW 73RD AVE. 3980 NW 73RD AVE. LAUDERHILL FL 33319 LAUDERHILL FL 33319 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 16-1617018 Not Applicable Country Couritry \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUSSELL, AUDLEY Street Address (P.O. Box Number is Not Acceptable) 3980 NW 73RD AVE LAUDERHILL FL 33319 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or poth, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Typed or or modinaine of registered agent and title if applicable (NOTE Registered Agent signature required when re-natating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE ☐ Delete TITLE Change Addition RUSSELL, AUDLEY NAME STREET ADDRESS 3980 NW 73RD AVE STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL 33319 CITY-ST-ZIP THILE ☐ Defete THE 03/24/08-80003-005-1999-75 - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete THE ☐ Change Addition TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS GITY-ST-ZIP CITY-ST-7:P TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY- ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119, 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.

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

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