

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90280 009 \*\*\*\*50.00

**DOCUMENT # L02000032764**

1. Entity Name

**AGILE ELECTRIC, LLC**



Principal Place of Business

**3104 N. ARMENIA AVE  
STE 2 WEST  
TAMPA FL 33604**

Mailing Address

**3104 N. ARMENIA AVE  
STE 2 WEST  
TAMPA FL 33604**

**24014193**



MOORE CR2E083 (11/03)

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

**02-0584680**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CLARK, WILLIAM E  
8931 NORTH FLORIDA AVE  
TAMPA FL 33604**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**3104 N. Armenia Ave Ste. 2 West**

City

**Tampa**

FL

Zip Code

**33607**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/11/04**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **CLARK, WILLIAM E**  
STREET ADDRESS **8931 N. FLORIDA AVE**  
CITY-ST-ZIP **TAMPA FL 33604**

TITLE **MGRM** ☐ Delete  
NAME **TASHKIN, SCOTT J**  
STREET ADDRESS **8929 N. FLORIDA AVE.**  
CITY-ST-ZIP **TAMPA FL 33604**

TITLE **MGR** ☐ Delete  
NAME **MADDOX, CHARLES W**  
STREET ADDRESS **8929 N. FLORIDA AVE.**  
CITY-ST-ZIP **TAMPA FL 33604**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **3104 N. Armenia Ave - Ste. 2 West**  
CITY-ST-ZIP **TAMPA, FL 33607**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **3104 N. Armenia Ave - Ste. 2 West**  
CITY-ST-ZIP **TAMPA, FL 33607**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **3104 N. Armenia Ave - Ste. 2 West**  
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TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

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

**William E. Clark**

Date

**2/11/04 813-936-0423**

Daytime Phone #