FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92168 025 ****55.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000032764

1. Entity Name
AGILE ELECTRIC, LLC

Principal Place of Business	Mailing Address
8931 NORTH FLORIDA AVE TAMPA, FL 33604	8931 NORTH FLORIDA AVE TAMPA, FL 33604

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3104 N. ARMENIA AVE	3104 N ARMENIA AVE
Suite, Apt. #, etc. SUITE 2 WEST	Suite, Apt. #, etc. SUITE 2 WEST
City & State TAMPA FL	City & State TAMPA F
Zip 33607 Country US	Zip 33607 Country US

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	7. Name and Address of New Registered Agent
CLARK, WILLIAM E 8931 NORTH FLORIDA AVE. TAMPA, FL 33604	Name Street Address (P.O. Box Number Is Not Acceptable) City **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CLARK, WILLIAM E 8931 N. FLORIDA AVE TAMPA, FL 33604	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TASHKIN, SCOTT J 8929 N. FLORIDA AVE. TAMPA, FL 33604	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MADDOX, CHARLES W 8929 N. FLORIDA AVE. TAMPA, FL 33604	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: _____ as Mgr. 4-30-03 813-769-1101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #