

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L03000044174</b><br>1. Entity Name<br><b>MARLIN ELECTRICAL SERVICE, LLC</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>1509 VALLEY ROAD<br/>TALLAHASSEE FL 32301</b> | Mailing Address<br><b>1509 VALLEY ROAD<br/>TALLAHASSEE FL 32301</b> |
|---|---|



|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip  | Country             |

1st MOORE      CR2E083 (10/06)

|                                    |                |
|------------------------------------|----------------|
| 4. FEI Number<br><b>20-0388007</b> | Applied For    |
|                                    | Not Applicable |

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

|   |  |
|---|--|
| <b>6. Name and Address of Current Registered Agent</b>                | <b>7. Name and Address of New Registered Agent</b>                 |
| <b>HICKS, WILLIAM W<br/>1509 VALLEY ROAD<br/>TALLAHASSEE FL 32301</b> | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |
|   | State: <b>FL</b> 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 consisting) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS                     |  | 10. ADDITIONS/CHANGES                            |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <b>MGRM<br/>HICKS, WILLIAM W<br/>1509 VALLEY ROAD<br/>TALLAHASSEE FL 32301</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><div style="text-align: center; font-weight: bold;">                     U00000636966<br/>                     02/26/07-80041-008 50.00                 </div> |
|  | <input type="checkbox"/> Delete  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
|  | <input type="checkbox"/> Delete  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
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11. I hereby certify that the information supplied with this filing does not qualify 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.

**SIGNATURE:** William W. Hicks      1-22-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #