## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 02, 2004 8:00 am Secretary of State

DOCUMENT # L03000044323  1. Entity Name THIRD ELECTRIC CO, LLC					02-02-2004 90210 011 ****50.00			
Principal Place 16501 INNER PENSACOLA,	RARITY POINT RD.	Mailing Address 16501 INNERARITY POIN PENSACOLA, FL 32507	501 INNERARITY POINT RD.					
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01262004	Chg-LLC	CR2E083 (10/03	3)	
City & State		City & State		4. FEI Numbe 20 -	039954	46	Applied For Not Applicable	
Zip	Country	Zip	Country		of Status Desired	☐ \$5.00 A Fee Requ	dditional ired:	
	-6. Name and Address of Current R	egistered Agent		7. Name and	Address of New R	egistered Agent		
KELCON	CHADLES MIII		Name					
KELSON, CHARLES M III 16501 INNERARITY POINT RD. PENSACOLA, FL 32507			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
·		City				FL Zip C		
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or regis	stered agent, or both	n, in the State of Flo	orida. Tam familiar wi	h, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: R	legistered Agent signature requ	ured when reinstating)		DATE	·	
Filing Fee is \$50.00 Due by May 1, 2004				100	Make check payable to Floride Department of State			
D			,	d	tratification of consequences are consequences.	CONTRACTOR		
	ue by May 1, 2004  MANAGING MEMBER	S/MANAGERS	10.	d	tratification of consequences are consequences.	Department of St		
9. TILE	MANAGING MEMBER	IS/MANAGERS	10.	d	Florida	Department of St	ate	
9. TITLE NAME	MANAGING MEMBER MGR KELSON, CHARLES M III		TITLE NAMÉ	d	Florida	Department of St	ate	
9.  ITTLE  NAME  STREET ADDRESS	MANAGING MEMBER MGR KELSON, CHARLES M III 16501 INNERARITY POINT RD.		TITLE NAME STREET ADDRESS	d	Florida	Department of St	ate	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGR KELSON, CHARLES M III	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	d	Florida	Department of St	ate	
9.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	MANAGING MEMBER MGR KELSON, CHARLES M III 16501 INNERARITY POINT RD.		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	d	Florida	Department of St	ete Addition	
9. HITLE NAME STREET ADDRESS CITY-ST-ZIP HYLE NAME	MANAGING MEMBER MGR KELSON, CHARLES M III 16501 INNERARITY POINT RD.	☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	d	Florida	a Department of Si /CHANGES	e Addition	
9. HITLE NAME STREET ADDRESS CITY-ST-ZIP HITLE NAME STREET ADDRESS	MANAGING MEMBER MGR KELSON, CHARLES M III 16501 INNERARITY POINT RD.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	d	Florida	a Department of Si /CHANGES	e Addition	
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9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER MGR KELSON, CHARLES M III 16501 INNERARITY POINT RD. PENSACOLA, FL 32507	Delete  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	d	Florida	a Department of Si	e Addition  e Addition  e Addition	
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9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBER MGR KELSON, CHARLES M III 16501 INNERARITY POINT RD. PENSACOLA, FL 32507	Delete Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Florida	Change  Change  Change  Change	e Addition  c Addition  c Addition  c Addition  c Addition	
9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGR KELSON, CHARLES M III 16501 INNERARITY POINT RD. PENSACOLA, FL 32507	Delete Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ADDITIONS	Department of Si  CHANGES  Chang  Chang  Chang	e Addition  e Addition  e Addition  e Addition  e Addition	

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.

JRE: Charle M Kelson III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date