2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Apr 25, 2005 8:00 am Secretary of State DOCUMENT # L03000045391 1. Entity Name 04-25-2005 90098 005 ****50.00 JARRETT ELECTRIC LLC Principal Place of Business Mailing Address 1005 GARDEN HEIGHTS DRIVE 1005 GARDEN HEIGHTS DRIVE WINTER GARDEN FL 34787 WINTER GARDEN FL 34787 2. Principal Place of Business 3. Mailing Address 1527 MA++10 1527 Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/04) City & State City & State 4. FEI Number Applied For Anvo 20-0421895 Not Applicable brove lanc Country Country Zip \$5.00 Additional 5. Certificate of Status Desired 34<u>136</u> Ake Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JARRETT, JOHN T Street Address (P.O. Box Number is Not Acceptable 1005 GARDEN HEIGHTS DR Change Address to Zip Code **347** City ano 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 reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM TITLE Delete TITLE ☐ Change ☐ Addition JARRETT, JOHN T NAME NAME 1005 GARDENHEIGHTS DR 11527 MAHico Road 11527 MAH ide Road STREET ADDRESS STREET ADDRESS WINTER GARDENTL SAME GROVE la CITY-ST-ZIP d. 7434736 CITY-ST-ZIP TITL F TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change BITIT TITLE ☐ Addition Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME 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 ☐ Delete TITLE ☐ Addition TUTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

FILED