

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 24, 2006 08:00 AM
Secretary of State




1st MOORE CR2E083 (10/05)

4. FEI Number **20-0421895** Applied For ☐ Not Applied

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

7. Name and Address of New Registered Agent

DOCUMENT # L03000045391			
1. Entity Name JARRETT ELECTRIC LLC			
Principal Place of Business 11527 MATTIODA ROAD GROVELAND FL 34736 US		Mailing Address 11527 MATTIODA ROAD GROVELAND FL 34736 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
JARRETT, JOHN T 11527 MATTIODA ROAD GROVELAND FL 34736			
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

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

(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, 2006

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
MGRM	JARRETT, JOHN T	11527 MATTIODA ROAD	GROVELAND FL 34736	<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						
				<input type="checkbox"/>						

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:

[Signature]

JOHN T. JARRETT

4-1-06 (352) 429-0491

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

Date

Daytime Phone #