2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000045453

1. Entity Name
GALLAGHER ELECTRIC, LLC



FILED May 01, 2008 08:00 AN Secretary of State

Principal Place of Business

4 REDDIN BRUNSON RD DESTIN, FL 32541 US Mailing Address

4 REDDIN BRUNSON RD DESTIN, FL 32541 US



04232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-0404308	Applied For Not Applicab
5. Certificate of Status Desired	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GALLAGHER, STEVEN E 4 REDDIN BRUNSON RD DESTIN, FL, FL 32541

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DESTIN, F	-L, FL 32541	IN THIS SPACE	į
8. The above the obligat	named entity submits this statement for the purpose of changing i lions of registered agent.	I ts registered office or registered agent, or both, in the State of Florida. I am familiar with, and	daccept
SIGNATURE.		OTE: Registered Agent signature required when reinstating) DATE	_
	E NOWIII FEE:IS:\$138.75 7 y 1, 2008 Fee will be \$538.75	U00000936653 05/27/08-80018-022 138.79	5
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALLAGHER, STEVEN E 4 REDDIN BRUNSON RD DESTIN, FL 32541		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-		
11. I hereby o	certify that the information supplied with this filing does not qualify on this report is true and accurate and that my signature shall be	for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information serve level effect so if mode under out, that I am a serve level effect so if mode under out, that I am a serve level effect so if mode under out, that I am a serve level effect so if mode under out, that I am a serve level effect so if mode under out, that I am a serve level effect so if mode under out, that I am a serve level effect so if mode under out, that I am a serve level effect so if mode under out, that I am a serve level effect so if mode under out, that I am a serve level effect so if mode under out, that I am a serve level effect so if mode under out, that I am a serve level effect so if mode under out, the serve level effect so if mode under out, that I am a serve level effect so if mode under out, the ser	mation

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.

NATURE: 1 Htm Num

/ 4/26/08 1-(850)837-88**3**8

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

Daytime Pho