


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 01, 2005 8:00 am
Secretary of State

06-01-2005 90102 022 ****55.00

DOCUMENT # L03000047799	
1. Entity Name ADAMS ELECTRICAL, LLC	

Principal Place of Business 336 MILESTONE DRIVE TALLAHASSEE FL 32312 US	Mailing Address 336 MILESTONE DRIVE TALLAHASSEE FL 32312 US
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2. Principal Place of Business 336 Milestone Dr.	3. Mailing Address Tall, FL, 32312
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tall, FL	City & State
Zip 32312	Country U.S.A.
Zip	Country



1st MOORE CR2E083 (10/04)

4. FEI Number 34-2013104	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent ADAMS, KALVIN 336 MILESTONE DRIVE TALLAHASSEE FL 32312	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Kalvin Adams MGR Owner 5-26-05
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, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADAMS, KALVIN 336 MILESTONE DRIVE TALLAHASSEE FL 32312 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Addition
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"/> Addition
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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"/> Addition

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: Kalvin Adams May 26-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # 505-3605