2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000048107

1. Entity Name

SAM STONE ELECTRICAL CONTRACTING, LLC



FILED Sep 07, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

5115 W.W. KELLY ROAD TALLAHASSEE, FL 32311 5115 W.W. KELLY ROAD TALLAHASSEE, FL 32311

06292006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE	DO	NOT	WRITE	IN THIS	SPACE
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4. FEI Number	Applied For		
59-3243489		Not Applicable	
5. Certificate of Status Desired		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

STONE, SAM 5115 W.W. KELLY ROAD TALLAHASSEE, FL 32311

the obligations of registered agent.

DO NOT WRITE IN THIS SPACE

SIGNATURE						
	Signature, typed or printed name of registered agent and title if appiroable.	(NOTE: Registered Agont signature required when reinstating)	UNIC			
Fi Due (ing Fee is \$50.00 by September 6, 2006		U00000576385 09/07/06-80003-009 50.00			
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STONE, SAM 5115 W.W. KELLY ROAD TALLAHASSEE, FL 32311	20 oction	TO COL			
TITLE NAME STREET ADDRESS CITY-S1-ZIP		QO SO				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE			
TITLE NAME		IN 7	IN THIS SPACE			

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

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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: <

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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