


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000048422		
1. Entity Name BATTLES ELECTRIC, LLC		

Principal Place of Business 20151 NE 29TH STREET WILLISTON, FL 32696	Mailing Address 20151 NE 29TH STREET WILLISTON, FL 32696
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2. Principal Place of Business 1290 NE SR 121 Suite, Apt. #, etc.	3. Mailing Address 1290 NE SR 121 Suite, Apt. #, etc.
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City & State WILLISTON, FL Zip 32696 Country US	City & State WILLISTON, FL Zip 32696 Country US
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6. Name and Address of Current Registered Agent BATTLES, WILLIE A 20151 NE 29TH STREET WILLISTON, FL 32696		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1290 NE SR 121 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 Willie A. Battles (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLIE BATTLES-MANAGER 1290 NE SR 121 WILLISTON, FL 32696 <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Member	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: Willie A. Battles DATE: 5/23/05

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

FILED

05 MAY 23 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05232005 REIN-LLC CR2E101 (6/04)

4. FEI Number ☒ Applied For ☐ Not Applicable

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

REINSTATEMENT

2004-2005