

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

DOCUMENT # L03000048428

1. Entity Name

LET THERE BE LITE ELECTRIC, LLC



**FILED
May 05, 2006 8:00 am
Secretary of State**

05-05-2006 90030 005 ****50.00



1st MOORE CR2E083 (10/05)

Principal Place of Business 2006 KEY LIME ST. OCOEE FL 34761	Mailing Address 2006 KEY LIME ST. OCOEE FL 34761
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2. Principal Place of Business 2006 Key lime st Suite, Apt. #, etc.	3. Mailing Address 2006 Key lime st Suite, Apt. #, etc.
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City & State Ocoee FL	City & State Ocoee FL	4. FEI Number 59-3245371	Applied For Not Applicable
Zip 34761	Country Orange	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent JOSEPH, ARTHUR J 2006 KEY LIME ST. OCOEE FL 34761	7. Name and Address of New Registered Agent Name N/A 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

Arthur S. Joseph Jr.

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

DATE

4/25/06

(NOTE: Registered Agent signature required when reinstating)

**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	□ Delete JOSEPH, ARTHUR J 2006 KEY LIME ST. OCOEE FL 34761	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ Addition

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

Arthur S. Joseph Jr.

440

407 832 9697

Daytime Phone #