


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

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

DOCUMENT # L03000048428	
1. Entity Name LET THERE BE LITE ELECTRIC, LLC	

Principal Place of Business 2006 KEY LIME ST. OCOE FL 34761	Mailing Address 2006 KEY LIME ST. OCOE FL 34761
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2. Principal Place of Business 2006 Keylime St Suite, Apt. #, etc.	3. Mailing Address 2006 Keylime St Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/05)

City & State OCOE FL	City & State OCOE FL	4. FEI Number 59-3245371	Applied For <input type="checkbox"/> Not Applicable
Zip 34761	Country Orange	Zip 34761	Country Orange

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent JOSEPH, ARTHUR J 2006 KEY LIME ST. OCOE FL 34761	
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7. Name and Address of New Registered Agent	
Name N/A	
Street Address (P.O. Box Number is Not Acceptable)	
City FL	Zip Code

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 J Joseph Jr* **4/25/06**
Signature, typed or printed name of registered agent and title (public) (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, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOSEPH, ARTHUR J 2006 KEY LIME ST. OCOE FL 34761 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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: *Arthur J Joseph Jr* **04/25/06** **407 832 9697**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #