

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # L03000048476

1. Entity Name
LARRY KURTH ELECTRIC, LLC



Principal Place of Business
**16020 N.W. 130TH STREET
WILLISTON, FL 32696**

Mailing Address
**16020 N.W. 130TH STREET
WILLISTON, FL 32696**



03152006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2473689

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KURTH, LARRY A
16020 N.W. 130TH STREET
WILLISTON, FL 32696**

**DO NOT WRITE
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 the obligations of registered agent.

SIGNATURE

Larry A. Kurth

LARRY A. KURTH

4-6-06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

UNIFORM 509265
04/28/06-80036-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KURTH, LARRY A
STREET ADDRESS	16020 NW 130TH ST.
CITY-ST-ZIP	WILLISTON, FL 32696
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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:

Larry A. Kurth

LARRY A. KURTH

4-6-06

352-528-4677

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

Date

Daytime Phone #