

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 19, 2004 8:00 am
Secretary of State

04-29-2004 90073 002 ****50.00

DOCUMENT # L03000048508																																															
1. Entity Name MIKE AND MICHAEL'S ELECTRIC LLC																																															
Principal Place of Business 1533 N GREEN STREET PENSACOLA FL 32505			Mailing Address 1533 N GREEN STREET PENSACOLA FL 32505																																												
2. Principal Place of Business			3. Mailing Address																																												
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																												
City & State			City & State																																												
Zip	Country	Zip	Country	4. FEI Number 592-793 584																																											
				Applied For ☐ Not Applicable																																											
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required																																											
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																																												
SIMMONS, JAMES M JR 1533 N GREEN STREET PENSACOLA FL 32505			Name																																												
			Street Address (P.O. Box Number is Not Acceptable)																																												
			City																																												
			State 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: <u>James M. Simmons Jr.</u> (NOTE: Registered Agent signature required when renewing) DATE:																																															
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td> MGR SIMMONS, JAMES M SR 1533 N GREEN STREET PENSACOLA FL 32505 </td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="2"> NO CHANGES </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>NO CHANGES</td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="2"> ☐ Change ☐ Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>James</td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="2"> James </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="2"> ☐ Change ☐ Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="2"> ☐ Change ☐ Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> <td>☐ Delete</td> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="2"> ☐ Change ☐ Addition </td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SIMMONS, JAMES M SR 1533 N GREEN STREET PENSACOLA FL 32505	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	NO CHANGES		TITLE NAME STREET ADDRESS CITY - ST - ZIP	NO CHANGES	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	James	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	James		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		TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: <u>James M. Simmons Jr.</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																															