2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 07, 2007 08:00 All Secretary of State DOCUMENT # L03000049169 1. Entity Name ZEPHYRHILLS ELECTRIC SERVICE, LLC Principal Place of Business Mailing Address C/O RICHARD G. DUFFIELD 39011 RUANN COURT ZEPHYRHILLS FL 33540 C/O RICHARD G. DUFFIELD 39011 RUANN COURT ZEPHYRHILLS FL 33540 The second secon 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc Suite, Apt. #, old. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 20-0427435 Not Applicable Zıp Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo DUFFIELD, RICHARD G Street Address (P.O. Box Number is Not Acceptable) 39011 RUANN COURT ZEPHYRHILLS FL 33540 City 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATI. FILE NOW!!! FEE IS \$50,00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TILLE TITLE **MGRM** Defete ☐ Change ☐ Addition U00000626600 02/15/07-80028-004 50.00 NAME: DUFFIELD, RICHARD G NAME STREET ADDRESS STREET ADDRESS 39011 RUANN COURT CITY - SJ- ZIP CITY-ST-7IP ZEPHYRHILLS FL 33540 HILE Delete DIU Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS Cify-S1-ZIP CHY-ST-7IP HHE ☐ Dclcle ши ☐ Addition []] Change NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-71P CITY-ST-ZIP ☐ Defete IIITE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-ST-7IP HILE. Delete THE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE □ Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-749 CITY-ST-7/P

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TURE: 5 2007 813-782-1313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Desprise Proces

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 logal effect as if made under eath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.