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DIVISION OF CORPORATIONS
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ON SECRET 15 PM 3: 05

COVER LETTER

Division o	of Corporations		
SUBJECT:		ELECTRIC LLC ne of Limited Liability Company)	
Dear Sir or Mada	m:		
The enclosed Reg	istered Agent/Regist	tered Office Change and fee(s) are submitted for filing.	
Please return all c	orrespondence conce	erning this matter to the following:	
KURT	KNABE (Name of Person)		5.90 SEANO
WEST	INE ELEC (Firm/Company)	TRIC LLC	SEP -
	(Firm/Company)		5 P
1293	N.E. SOU	7H ST.	OF SEP 15 PM 3: 05
TENS	EN BEACH (City/State and Zip Code)	, FL. 184890 34957	
For further inform	nation concerning this	s matter, please call:	
KURT K	MABE ame of Person)	at (772) 334 - 8620 (Area Code & Daytime Telephone	Number)
Registratio Division of Clifton Bui 2661 Execu	Corporations	S: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed	is a check for the fo	llowing amount:	
☑ \$25 Fil	ing Fee	\$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: WESTLINE ELECTRIC LLC.
2. The mailing address of the limited liability company is: 1393 NE, SOUTH ST.
TENSEN BEACH, FL. 34957
DECEMBER 1/ 2003 3. Date of filing/registration in Florida LO3000052103 4. Document number
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
MARK BRECHBILL
Name
MARK BRECHBILL Name 215 SOUTH FEDERAL HIGHWAY, SUITE 100 Address
\(\tau\) \(\
STUART, FL 34994 City, State and Zip
6. The name and address of the new registered agent and/or office:
TP PRI
Name 1293 NE SOUTH ST. PARTER 1298
Name 1292 415 South ST
Florida street address (P.O. Box NOT acceptable)
ö Tärk
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)
KURT KNABE
(Printed or typed name of signee)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited tability company has been notified in writing of this change.
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00