

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000053140

FILED  
Jul 31, 2008  
Secretary of State

Entity Name: WORLD OVER ELECTRIC, LLC

**Current Principal Place of Business:**

4409 WESTOVER DR  
TALLAHASSEE, FL 32303 US

**New Principal Place of Business:**

**Current Mailing Address:**

4409 WESTOVER DR  
TALLAHASSEE, FL 32303 US

**New Mailing Address:**

FEI Number: 33-1079066      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

RICHARDSON, LORENZA JR.  
4409 WESTOVER DR  
TALLAHASSEE, FL 32303 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RICHARDSON, LORENZA  
Address: 4409 WESTOVER DR  
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: MGRM ( ) Delete  
Name: RICHARDSON, MICHELLE  
Address: 8460 SANDALWOOD DR W  
City-St-Zip: TALLAHASSEE, FL 32305 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LORENZA RICHARDSON

MGRM

07/31/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date