2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) FILED Jun 07, 2004 8:00 am Secretary of State

5/12

DOCUMENT # L03000055287 1. Entity Name					Secretary of State 05-12-2004 90006 026 ****50.00			
BARGER ELECTRIC LLC								
Principal Place of Business Mailing Address								
2289 SE GENOA STREET PORT ST. LUCIE FL 34952 PORT ST. LUCIE FL 34952				in the state of th			i Te	
A D								
2. Principal Place of Business 3. Mailing Address 2289 S.E. Genoa St. Port St. Lucie				34952				
Suite, Apt. #. etc. Suite, Apt. #. etc.					MOORE	CR2E083 (11/03	3)	
_ *	City & State			_	4. FEI Number ****		Applied For	
Zip	Port St. Lucie F1 Port Zip Country Zip		St. Lucie Fl. Country		200520204	- \$5.00	Not Applicable Additional	
-34952	6. Name and Address of Current Registered Agent		-St	5. Certificate of Status Desired		Fee Requ	Fee Required	
b. Name and Address of Current Registered Agent Nam					7. Name and Address of Ne	w Registered Agent		
BARGER, WAYNE					P.O. Box Number is Not Accept	abla		
2289 SE GENOA STREET PORT ST. LUCIE FL 34952				- Other Modress (F.O. BOX NOTICE HIS NOT ACCEPT	30/8/		
,				-		-		
				City		FL Zip C		
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.								
1 /3 /5								
SIGNATURE 5:grature, typod or iffrited name of repetered agent and site (Applicable. (NOTE: Repetered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$50.00								
Make Check Payable to Florida Depertment of State Due By May 1, 2004								
9.	MANAGING MEMBI	The second secon	10.	or area (#1800)	ADDITIO	NS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		ADDITION	☐ Chang	ge 🔲 Addition	
STREET ADDRESS	BARGER, WAYNE 2289 SE GENOA STREET		NAME					
CITY-ST-ZIP	PORT ST. LUCIE FL 34952		CITY-	T ADDRESS ST-ZIP				
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_CITY_ST-ZIP				ST-ZIP				
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CITY-ST-ZIP	<u> </u>		СПҮ-5					
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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: 5-7-04 772-337-1155 SIGNATURE AND TYPED OR PROPER NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE DATE DESCRIPTION AND DESCRIPTION AN								