2004 LIMITED LIABILITY COMPANY

Apr 16, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L03000055582** 04-16-2004 90416 030 ****50.00 RONALD SUTTON ELECTRIC, LLC Principal Place of Business Mailing Address 2401 REGAL DR. 2401 REGAL DR. LUTZ, FL 33549 LUTZ, FL 33549 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 20-0513895 Not Applicable Country Zip Country Zip \$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 Name ROSS, J. CARY JR. Street Address (P.O. Box Number is Not Acceptable) 101 E KENNEDY BLVD, STE 2700 TAMPA, FL 33601 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MERM TITLE TITLE ☐ Change X Addition Delete Ronald Sutton NAME ___ NAME 2401 Regal Or. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33549 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME MAKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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. 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 AND TYPED OR PRINTED NAME OF SIGN

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

813) 949-2450