

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90281 010 ****50.00

DOCUMENT # L03000057013					
1. Entity Name MALONE ELECTRICAL SOLUTIONS, LLC					
Principal Place of Business 13172 CITRUS GROVE BLVD. WEST PALM BEACH, FL 33412			Mailing Address 13172 CITRUS GROVE BLVD. WEST PALM BEACH, FL 33412		
2. Principal Place of Business 510 Roseland Drive Suite, Apt. #, etc.		3. Mailing Address 510 Roseland Drive Suite, Apt. #, etc.			
City & State West Palm Beach, FL		City & State West Palm Beach, FL		03312005 Chg-LLC CR2E083 (10/03)	
Zip 33405		Country USA		4. FEI Number 20-0558661	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 660 E JEFFERSON ST TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name: <u>Raymond B. Murdock</u> Street Address (P.O. Box Number is Not Acceptable) <u>13172 Citrus Grove Blvd</u> City: <u>West Palm Beach</u> FL Zip Code: <u>33412</u>		
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE <u>4/4/05</u>		
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MURDOCK, RAYMOND B 13172 CITRUS GROVE BLVD. WEST PALM BEACH, FL 33412	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEPOTTER, RAYMOND J 749 KITTYHAWK WAY NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE <u>4/4/05</u> 561-820-8966 <small>Date Daytime Phone #</small>		