2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Apr 09, 2004 8:00 am Secretary of State DOCUMENT # L03000057083 1. Entity Name 04-09-2004 90212 036 ****50.00 INTEGRITY ELECTRIC, L.L.C. Principal Place of Business Mailing Address 4070 HAURI RD 4070, HAURI RD SARASOTA FL 34235 SARASOTA FL 34235 63. 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) 4. FEI Number Applied For City & State City & State NOT HOBY ICABL Not Applicable \$5.00 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HURST, MARCEL Street Address (P.O. Box Number is Not Acceptable) 4070 HAURI RD SARASOTA FL 34235 Zip Code FL 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 age SIGNATURE (NOTE: Registered Agent signature required when reinstating) ed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Change TITLE **MGRM** ☐ Delete TITLE ☐ Addition NAME HURST, MARCEL NAME STREET ADDRESS STREET ADDRESS 4070 HAURI RD SARASOTA FL 34235 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE ٠. ئ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE 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.

FILED