2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000001518

1. Entity Name

FLASH ELECTRIC LLC

Principal Place of Business

1249 TYRONE BLVD N
ST. PETERSBURG FL 33710-5623

Mailing Address

1249 TYRONE BLVD N
ST. PETERSBURG FL 33710-5623

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc | Suite, Apt. #, etc.

City & State | City & State

Zip | Country | Zip | Country

1st MOORE CR2E083 (10/06)

4. FEI Number 59-1272312 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KOSTER, BERND H
1249 TYRONE BLVD N
ST. PETERSBURG FL 33710-5623

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGRM KOSTER, BERND H 1249 TYRONE BLVD. N. SAINT PETERSBURG FL 33710	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	U00000612531 02/05/07-80002-010 50.00	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: B. Koster (BERND KOSTER) 01-29-07 727-345-9154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #