2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Mar 30, 2006 8:00 am **Secretary of State** DOCUMENT # L04000003618 1. Entity Name 03-30-2006 90195 004 ****55.00 W R ANDERSON ELECTRICAL CONTRACTOR, LLC Principal Place of Business Mailing Address 1610 ALDEN STREET 1610 ALDEN STREET DELAND FL 32720 DELAND FL 32720 2. Principal Place of Business 2420 BEN FRANK Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For 59-3481227 *19*1 Not Applicable Country \$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 ANDERSON, WILLIAM R Street Address (P.O. Box Number is Not Acceptable) 1610 ALDEN STREET DELAND FL 32720 City 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 (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, 2006 Q MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR TITLE MIGR Delete ☐ Addition ANDERSON. NAME ANDERSON, WILLIAM R NAME STREET ADDRESS 1610 ALDEN STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32720 THE Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE ☐ Addition

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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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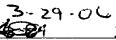
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