2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED DOCUMENT # L0400006571 Jan 25, 2007 08:00 AN 1. Entity Namo Secretary of State SHIELDS ELECTRIC, LLC Principal Place of Business Mailing Address 2691 HARTSFIELD ROAD 2691 HARTSFIELD ROAD TALLAHASSEE FL 32303 TALLAHASSEE FL 32303 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State Applied For 4. FEI Number 59-2417727 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHIELDS, ROY R Street Address (P.O. Box Number is Not Acceptable) 2691 HARTSFIELD ROAD TALLAHASSEE FL 32303 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 (NOTE Registered Agent signature toquired 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 ☐ Addition ШШ MGR ☐ Delete HH Change NAM SHIELDS, ROY R MARK U00000603428 SHALL ADDRESS SIDEFT ADDRESS 2691 HARTSFIELD ROAD 01/29/07-80013-006 50.00 CITY ST 7IP CITY ST 78° TALLAHASSEE FL 32303 11311 ☐ Delele HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY SI ZIP CHY-51-7P Addition HHEE ☐ Delete HILE Cleange NAME NAM STREET ADDRESS STREET ADDRESS COY SI 789 व्यक्ति अस्ति ☐ Delete 11111 Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY ST-ZIP CHY-SE-AP Delete Change Addition NAME NAME STREET LADORESS STREET ADDRESS CITY ST-7/2 Olly-SEZIP Delete HHE ШЦ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST- BP CHY SI-ZB 11. I hereby certify that the information supplied with this liting 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

SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DRIVE DOUBLE DOUBLE PHODE IS

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes,