


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90044 050 ****50.00

DOCUMENT # L04000006604	
1. Entity Name GUINN'S ELECTRICAL SERVICES, LLC	

Principal Place of Business 1105 POLK CITY ROAD HAINES CITY, FL 33844 US	Mailing Address PO BOX 895 HAINES CITY, FL 33845-0895 US
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2. Principal Place of Business 1105 POLK City Road Suite, Apt. #, etc.	3. Mailing Address PO Box 895 Suite, Apt. #, etc.
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City & State Haines City FL	City & State Haines City FL
Zip 33844	Zip 33844
Country U.S.	Country U.S.



04052006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0646330	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent GUINN, DENNIS W 1105 POLK CITY ROAD HAINES CITY, FL 33844	7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 **Dennis W Guinn** DATE **4/7/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUINN, DENNIS W 1105 POLK CITY ROAD HAINES CITY, FL 33844 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: **Dennis W Guinn** **Dennis W Guinn** **4/7/06** **(843) 421-2573**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #