

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000009260**

1. Entity Name  
**ENERGY SAVINGS TECHNOLOGIES LLC**



Principal Place of Business

605 W.S.PARK ST.  
SUITE 211  
OKEECHOBEE, FL 34974 US

Mailing Address

605 W.S.PARK ST.  
SUITE 211  
OKEECHOBEE, FL 34974 US



01252007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2896251**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

UNITED STATES CORPORATION AGENTS, INC.  
1111 LINCOLN RD  
SUITE 400  
MIAMI BEACH, FL 33139

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ENFINGER, DANIEL M  
605 W.S.PARK ST. SUITE 211  
OKEECHOBEE, FL 34974

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ENFINGER, CINDY L  
605 W.S.PARK ST. SUITE 211  
OKEECHOBEE, FL 34974

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MCCULLERS, BILLY J JR.  
2935 NW 4TH AVENUE  
OKEECHOBEE, FL 34972

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MCCULLERS, CYNTHIA E  
2935 NW 4TH AVENUE  
OKEECHOBEE, FL 34972

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000614985  
02/06/07-80053-012 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

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

**1/30/07**  
Date

Daytime Phone #