

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90186 002 \*\*\*143.75

**60041799**



<b>DOCUMENT # L04000009260</b> 1. Entity Name <b>ENERGY SAVINGS TECHNOLOGIES LLC</b>			
Principal Place of Business <b>605 W.S.PARK ST. SUITE 211 OKEECHOBEE, FL 34974 US</b>		Mailing Address <b>605 W.S.PARK ST. SUITE 211 OKEECHOBEE, FL 34974 US</b>	
2. Principal Place of Business - No P.O. Box # <b>1535 SW 67th Drive</b>		3. Mailing Address <b>1535 SW 67th Drive</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Okeechobee, Florida</b>		City & State <b>Okeechobee, Florida</b>	
Zip <b>34974</b>	Country <b>US</b>	Zip <b>34974</b>	Country <b>US</b>
4. FEI Number <b>20-2896251</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DEVIN R. MAXWELL 405 NW 3RD STREET OKEECHOBEE, FL 34972</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ENFINGER, DANIEL M 605 W.S.PARK ST. SUITE 211 OKEECHOBEE, FL 34974 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Enfinger, Daniel M 1535 SW 67th Drive Okeechobee, Florida 34974 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ENFINGER, CINDY L 605 W.S.PARK ST. SUITE 211 OKEECHOBEE, FL 34974 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Enfinger, Cindy L 1535 SW 67th Drive Okeechobee, FL 34974 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCCULLERS, BILLY J JR. 2935 NW 4TH AVENUE OKEECHOBEE, FL 34972 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM McCullers, Billy J JR. 2935 NW 47th Avenue Okeechobee, FL 34972 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCCULLERS, CYNTHIA E 2935 NW 4TH AVENUE OKEECHOBEE, FL 34972 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM McCullers, Cynthia E 2935 NW 47th Avenue Okeechobee, FL 34972 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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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.			
<b>SIGNATURE:</b> <b>Daniel M. Einfinger</b> <b>4/22/08</b> <b>863-634-7622</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			