

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90278 031 \*\*\*\*55.00

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<b>DOCUMENT # L04000021488</b> 1. Entity Name <b>CUSTOM DESIGN ELECTRIC AND SERVICE LLC</b>					
Principal Place of Business <b>956 SOUTHERN OAKLANE APOPKA, FL 32712</b>			Mailing Address <b>956 SOUTHERN OAKLANE APOPKA, FL 32712</b>		
2. Principal Place of Business <b>973 Suhumi St.</b> Suite, Apt. #, etc.		3. Mailing Address <b>973 Suhumi St.</b> Suite, Apt. #, etc.			
City & State <b>Apopka FL</b>		City & State <b>Apopka FL</b>		4. FEI Number <b>86-1101219</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip <b>32712</b> Country <b>USA</b>		Zip <b>32712</b> Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CHALDYSHEV, IGOR A 956 SOUTHERN OAKLANE APOPKA, FL 32712</b>				7. Name and Address of New Registered Agent Name <b>Chaldyshev, Igor Alex</b> Street Address (P.O. Box Number is Not Acceptable) <b>973 Suhumi St.</b> City <b>Apopka</b> <b>FL</b> Zip Code <b>32712</b>	
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 <u><i>Chaldyshev, Igor Alex</i></u> <b>Chaldyshev, Igor Alex</b> <b>2/1/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</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	<b>MGRM CHALDYSHEV, IGOR A 956 SOUTHERN OAKLANE APOPKA, FL 32712</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>973 Suhumi St. Apopka FL 32712</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CHALDYSHEV, GALINA 956 SOUTHERN OAKLANE APOPKA, FL 32712</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>973 Suhumi St Apopka FL 32712</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM RYZHUK, MAKSIM 256 BAY STREET APOPKA, FL 32712</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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		
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		
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 exemption stated in Section 119.07(3)(i), 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> <u><i>Chaldyshev, Galina</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<b>2/1/05</b> <small>Date</small>		<b>407-886-3960</b> <small>Daytime Phone #</small>	