

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000024663

FILED  
May 01, 2005  
Secretary of State

Entity Name: ODEGARD ELECTRIC L,L,C

**Current Principal Place of Business:**

750 HOLIDAY DR  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

**Current Mailing Address:**

750 HOLIDAY DR  
PUNTA GORDA, FL 33950

**New Mailing Address:**

FEI Number: 20-0982983      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ODEGARD, GALE  
750 HOLIDAY DR  
PUNTA GORDA, FL 33950      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM      ( ) Delete  
Name: ODEGARD, GALE  
Address: 750 HOLIDAY DR  
City-St-Zip: PUNTA GORDA, FL 33950

Title: MGRM      ( ) Delete  
Name: ODEGARD, PEGGY  
Address: 750 HOLIDAY DR  
City-St-Zip: PUNTA GORDA, FL 33950

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GALE ODEGARD

MGRM

05/01/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date