## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

PED OR PRINTED NAME OF SIGN

## Mar 07, 2005 8:00 am Secretary of State **DOCUMENT # L04000028715** 03-07-2005 90061 042 \*\*\*\*55.00 DRAKE ELECTRIC SERVICE, LLC Principal Place of Business Mailing Address 4UU100UJ 2612 OAK ROAD 2612 OAK ROAD DELAND, FL 32720 DELAND, FL 32720 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02272005 CR2E083 (10/03) Chg-LLC City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DRAKE, CHARLES R Street Address (P.O. Box Number is Not Acceptable) 2612 OAK ROAD DELAND, FL 32720 City Zip Code 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) Filing Fee is \$50.00 Make check payable to Due by May 1, 2005 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Defete TITLE Change Addition DRAKE, CHARLES'R NAME NAME 2612 OAK ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP **DELAND, FL 32720** CITY-ST-ZIP TITLE MGRM ☐ Delete TITLE Change Addition DRAKE, KEVIN M NAME STREET ADDRESS **2612 OAK ROAD** STREET ADDRESS CITY-ST-ZIP DELAND, FL 32720 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 it 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.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**