

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**

**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000030464**

1. Entity Name

**MASTER LIGHTING & ELECTRIC LLC**



Principal Place of Business

**6861 BAYSHORE RD.  
NORTH FT. MYERS FL 33917-3306  
US**

Mailing Address

**6861 BAYSHORE RD..  
NORTH FT. MYERS FL 33917-3306  
US**



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**76-0770580**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

**GREGOIRE, WILLIAM A  
6861 BAYSHORE RD.  
NORTH FT. MYERS FL 33917-3306**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE: **MGR** ☐ Delete  
NAME: **GREGOIRE, WILLIAM A**  
STREET ADDRESS: **6861 BAYSHORE RD.**  
CITY-STATE-ZIP: **NORTH FT. MYERS FL 33917-3306**

TITLE: **MGRM** ☐ Delete  
NAME: **MC DANILES, JOSHUA D**  
STREET ADDRESS: **6861 BAYSHORE RD.**  
CITY-STATE-ZIP: **N. FT. MYERS FL 33917**

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Delete  
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TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:  
**U000000621699  
02/12/07-80027-012 55.00**

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
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TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

*William A. Gregoire*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**1-31-7 239-565-0309**