

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 31, 2007 8:00 A.M.
Secretary of State

DOCUMENT # L04000034241 1. Entity Name MAXX ELECTRICAL SERVICE LLC			
Principal Place of Business 6708 JOHNSTOWN LOOP TALLAHASSEE, FL 32309		Mailing Address 6708 JOHNSTOWN LOOP TALLAHASSEE, FL 32309	
2. Principal Place of Business - No P.O. Box # 2101 Kinsley Lane Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State Tallahassee FL		City & State SAME	
Zip 32308	Country US	Zip 32308	Country US
6. Name and Address of Current Registered Agent MCBRIDE, JEFFREY L 6708 JOHNSTOWN LOOP TALLAHASSEE, FL 32309		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2101 Kinsley Lane City Tallahassee FL Zip Code 32308	
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>			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCBRIDE, JEFFREY L 6708 JOHNSTOWN LOOP TALLAHASSEE, FL 32309	TITLE NAME STREET ADDRESS CITY - ST - ZIP	2101 Kinsley Lane Tallahassee, FL 32308
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
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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.			
SIGNATURE: <i>Jeffrey L MCBride</i>		5-31-07 850-508-8727	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	