

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037538

Entity Name: PRIME ELECTRIC L.L.C.

FILED  
Jan 26, 2009  
Secretary of State

**Current Principal Place of Business:**

1229 WEST MAIN ST.  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 491576  
LEESBURG, FL 34749

**New Mailing Address:**

FEI Number: 20-1137443

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HAMILTON, WYLIE  
128 N. 7TH STREET  
LEESBURG, FL 34748 US

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

HAMILTON, WYLIE  
429 CRESTRUN LOOP  
LEESBURG, FL 34748 US

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: WYLIE HAMILTON

01/26/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HAMILTON, WYLIE  
Address: 128 N. 7TH STREET  
City-St-Zip: LEESBURG, FL 34748

Title: MGRM ( ) Delete  
Name: HAMILTON, THELMA  
Address: 128 N. 7TH STREET  
City-St-Zip: LEESBURG, FL 34748

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HAMILTON, WYLIE  
Address: 429 CRESTRUN LOOP  
City-St-Zip: LEESBURG, FL 34748

Title: MGRM (X) Change ( ) Addition  
Name: HAMILTON, THELMA  
Address: 429 CRESTRUN LOOP  
City-St-Zip: LEESBURG, FL 34748

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: WYLIE HAMILTON

PRES

01/26/2009

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