


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90063 042 ***138.75

DOCUMENT # L04000039747 1. Entity Name BAHL ELECTRICAL CONTRACTORS, LLC					
Principal Place of Business 825 CORNWALLIS DRIVE JACKSONVILLE, FL 32208			Mailing Address 825 CORNWALLIS DRIVE JACKSONVILLE, FL 32208		
2. Principal Place of Business - No P.O. Box # 862 Kennard St.		3. Mailing Address 862 Kennard St.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 20-1143698	
Zip 32208		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent BAHL, MICHAEL S 825 CORNWALLIS DRIVE JACKSONVILLE, FL 32208			7. Name and Address of New Registered Agent Name Bahl, Michael S. Street Address (P.O. Box Number is Not Acceptable) 862 Kennard St. City Jacksonville FL Zip Code 32208		
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 <i>Michael S. Bahl</i> (NOTE: Registered Agent signature required when reinstating) DATE 1-29-08					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAHL, MICHAEL S 862 KENNARD ST JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAHL, MICHAEL V 870 MULBERRY LANDING ROAD HILLIARD, FL 32046	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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
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>Michael S. Bahl</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 1-29-08 <small>Date</small>		