

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000039747

FILED
Jan 12, 2009
Secretary of State

Entity Name: BAHL ELECTRICAL CONTRACTORS, LLC

Current Principal Place of Business:

862 KENNARD ST.
JACKSONVILLE, FL 32208

New Principal Place of Business:

231 RENNE DRIVE NORTH
JACKSONVILLE, FL 32218

Current Mailing Address:

862 KENNARD ST.
JACKSONVILLE, FL 32208

New Mailing Address:

231 RENNE DRIVE NORTH
JACKSONVILLE, FL 32218

FEI Number: 20-1143698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAHL, MICHAEL S
862 KENNARD ST.
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

BAHL, MICHAEL S
231 RENNE DRIVE NORTH
JACKSONVILLE, FL 32218 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: MICHAEL S BAHL

01/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BAHL, MICHAEL S
Address: 862 KENNARD ST
City-St-Zip: JACKSONVILLE, FL 32208

Title: MGR () Delete
Name: BAHL, MICHAEL V
Address: 870 MULBERRY LANDING ROAD
City-St-Zip: HILLIARD, FL 32046

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BAHL, MICHAEL S
Address: 231 RENNE DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32218

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL S BAHL

MGR

01/12/2009

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