AUG. 10. 2006 1:58PM Work Comp Associates, Inc.

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Aug 15, 2006 8:00 am
Secretary of State
08-15-2006 90078 044 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000057551

1. Entity Name
ALL-PHASE ELECTRIC, LLC

Principal Place of Business	Mailing Address
P.O. BOX 2481 TITUSVILLE, FL 32781	P.O. BOX 2481 TITUSVILLE, FL 32781

08102006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
2700 HENERY COURT			
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc.	
City & State TITUSVILLE, FLA.		City & State	
Zip 32780	Country U.S.A.	Zip	Country

4. FEI Number 20-1464909 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GLIDEWELL, THOMAS B
380 OLEANDER PLACE
TITUSVILLE, FL 32780

7. Name and Address of New Registered Agent

Name: ~~GLIDEWELL, THOMAS B~~
Street Address (P.O. Box Number is Not Acceptable): 2700 HENERY COURT
City: TITUSVILLE FL Zip Code: 32780

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

Filing Fee is $50.00
Due by September 5, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GLIDEWELL, THOMAS B P.O. BOX 2481 TITUSVILLE, FL 32781	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: THOMAS B. GLIDEWELL MGR [signature] AUG. 10, 06 321-268-3317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #