

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90106 005 ****50.00

DOCUMENT # L04000057551

1. Entity Name

ALL-PHASE ELECTRIC, LLC



Principal Place of Business

2700 HENRY CT
TITUSVILLE FL 32780

Mailing Address

P.O. BOX 2481
TITUSVILLE FL 32781



2. Principal Place of Business - No P.O. Box #

N/A

3. Mailing Address

N/A

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

N/A

City & State

N/A

Zip

N/A

Country

N/A

Zip

N/A

Country

N/A

1st MOORE

CR2E083 (10/06)

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
2700 HENRY CT
TITUSVILLE FL 32780

7. Name and Address of New Registered Agent

Name

N/A

Street Address (P.O. Box Number is Not Acceptable)

City

N/A

FL

Zip Code

N/A

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

N/A

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR GLIDEWELL, THOMAS B P.O. BOX 2481 TITUSVILLE FL 32781 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | N/A | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | N/A | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | N/A | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | N/A | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | N/A | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | | |
|--|-----|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | N/A | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | N/A | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | N/A | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | N/A | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | N/A | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | N/A | <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 Section 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.

THOMAS B. GLIDEWELL

SIGNATURE:

Thomas B. Glidewell

APRIL 12, 2007

321-268-3317

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #