

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90126 020 *****55.00

DOCUMENT # L04000068186					
1. Entity Name RECHARGEABLE BATTERY EXPERT, LLC					
Principal Place of Business 10820 E. CALLE LINDA VISTA TUCSON, AZ 85748			Mailing Address 10820 E. CALLE LINDA VISTA TUCSON, AZ 85748		
2. Principal Place of Business*			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		City & State	
6. Name and Address of Current Registered Agent PUGLISI, VINCENT J DR. 10820 E. CALLE LINDA VISTA TUCSON, AZ, FL 85748				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10522 LAKE WILLIAMS DR. City ODESSA FL Zip Code 33556	
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 <u>Vincent J. Puglisi</u> 3-25-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PUGLISI, VINCENT J DR. 10820 E. CALLE LINDA VISTA TUCSON, AZ 85748	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10522 LAKE WILLIAMS DR. ODESSA FL 33556	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Vincent J. Puglisi</u>			3-25-05 520-885-4237		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		



01042005 Chg-LLC CR2E083 (10/03)

4. FEI Number 201785913 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

Name

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

City ODESSA

FL

Zip Code 33556

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SIGNATURE Vincent J. Puglisi
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-25-05

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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SIGNATURE: Vincent J. Puglisi 3-25-05 520-885-4237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #