2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

ANNUAL REPORT (AR) FILED Aug 02, 2007 08:00 Al Secretary of State DOCUMENT # L04000068835 1. Entity Name DELTA - WYE LICENSED ELECTRICAL - LLC Principal Place of Business Mailing Address 2204 LAKE BAY WAY 2204 LAKE BAY WAY BRANDON FL 33511 BRANDON FL 33511 2. Principal Place of Business - No PO. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 07-9343781 Not Applicable Country Ζıp Ζiρ Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent POLLARI, PAT P Street Address (P.O. Box Number is Not Acceptable) 6338 GENTLE BEN CIR WESLEY CHAPEL FL 33544 Zip Code 8. The above named entry 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, typed or printed name of registered agont and title if applicable (NOTE: Registered Agent signatura required when reinstating) CATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES IIILE Delete MGR HIM Change ☐ Addillon NAM POLLARI, PAT P U00000771246 SIBLE LADORESS 6338 GENTLE BEN CIR SHELLADORESS 09/02/07-80004-006 50.00 CITY S1-710 WESLEY CHAPEL FL 33544 CHY-ST-7/P BILE ☐ Delete Change ☐ Addition NAM NAME SIRLE LADDRESS STREET ADDRESS CITY SI ZIP CITY ST ZIP ши Delete IIILI Change. STREET ADDRESS STREET ADDRESS CHY SI 78P CITY ST ZIP wu Delete ☐ Change ☐ Addition NAM NAME STREET ADDRESS SINEFLADORESS CITY ST-71P CITY-ST ZP Delete mi HHE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST 782 Delete Change ☐ Addition mu FITTE NAME NAM STREET ADDRESS SPECIADORESS CITY ST ZIP CITY ST-ZIP

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

813-973-4930

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