

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078346

FILED
Sep 02, 2008
Secretary of State

Entity Name: MCLEOD ELECTRIC SERVICES, LLC

Current Principal Place of Business:

7917 MEADOWCROFT PLACE
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

7917 MEADOWCROFT PLACE
TAMPA, FL 33615

New Mailing Address:

FEI Number: 20-1819743 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MCLEOD, CHARLES E III
7917 MEADOWCROFT PLACE
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

MCLEOD, CHARLES E III
7917 MEADOWCROFT PL.
TAMPA, FL 33615 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: _____

09/02/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: MCLEOD III, CHARLES E PRES.
Address: 7917 MEADOWCROFT PL.
City-St-Zip: TAMPA, FL 33615

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MNGR (X) Change () Addition
Name: MCLEOD III, CHARLES E MNGR
Address: 7917 MEADOWCROFT PL.
City-St-Zip: TAMPA, FL 33615

Title: MNGR () Change (X) Addition
Name: MCLEOD, BEATRICE L MNGR
Address: 7917 MEADOWCROFT PL.
City-St-Zip: TAMPA, FL 33615

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: CHARLES E MCLEOD III

MNGR

09/02/2008

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