

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90029 004 \*\*\*\*55.00

DOCUMENT # L04000084721

1. Entity Name

GUNNESS ELECTRICAL CONTRACTING SERVICES, LLC



Principal Place of Business

2624 LEMON TREE LANE  
ORLANDO FL 32839  
US

Mailing Address

2624 LEMON TREE LANE  
ORLANDO FL 32839  
US

40000424



2. Principal Place of Business

2624 LEMON TREE LANE

Suite, Apt. #, etc.

3. Mailing Address

2624 LEMON TREE LANE

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/04)

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

20-1907617

Applied For

Not Applicable

Zip

32839

Country

U.S.A.

Zip

32839

Country

U.S.A.

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

6. Name and Address of Current Registered Agent

GUNNESS, DOUGLAS  
2624 LEMON TREE LANE  
ORLANDO FL 32839

7. Name and Address of New Registered Agent

Name DOUGLAS GUNNESS

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

2624 LEMON TREE LANE

City ORLANDO

FL

Zip Code 32839

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 Douglas Gunness

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-05

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State  
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME GUNNESS, DOUGLAS  
STREET ADDRESS 2624 LEMON TREE LANE  
CITY-ST-ZIP ORLANDO FL 32839

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Douglas Gunness

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

4-12-05

Date

(407) 222-2317

Daytime Phone #