2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000012952



FILED Apr 24, 2006 8:00 am Secretary of State

1. Entity Name KALCO ELECTRICAL CONTRACTING LLC							04-24-2006	5 90041 0:	32 ****5	0.00	
Principal Place of Business Mailing Address						1					
1839 COLLINS LANDING RD			1839 COLLINS LANDING RD								
TALLAHASSEE, FL 32310				TALLAHASSEE, FL 32310							
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2. Principal Place of Business			3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.						1		•			
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-LLC	CR2E0	83 (11/05)		
City & State			City & State	City & State					1 140	nlied For 4	
			Ony d Gizie	City & State		4. FEI Numb	226069	. \$.	<u> </u>	plied For Applicable	
Zip		Country	Zip	Coun	trv				\$5.00 Add		
		,	· ·		•	5. Certificate	of Status Desired		Fee Require		
6. Name and Address of Current			nt Registered Agent	ogistered Agent			7. Name and Address of New Registered Agent				
			`		Name				.=	·	
ALLEN, ALEX K					Street Address (P.O. Box Number is Not Acceptable)						
1839 COLLINS LANDING RD			•	Street Address (er is Not Acceptab	ie)			
TALLAHASSEE, FL 32310							····				
,					City			FL	Zip Cod	e	
8. The above	named entit	y submits this statement	for the purpose of changing its	s registen	ed office or registe	red agent, or bo	oth, in the State of F	lorida. I am f	amiliar with.	and accept	
the obligat	tions of regist	tered agent.		-	_						
SIGNATURE											
Oldi Ulilonia	Signature, typed	or printed hame of registered age	ent and tide if applicable. (NOT	E: Registere	d Agent signature require	d when reinstating)		DATE		-	
73 - Y. s A	,	4									
Filing Fee is \$50.00 Due by May 1, 2006											
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D	ue by Ma	y 1, 2006						ke check pa la Departme		•	
D	ue by Ma	y 1, 2006	BERS/MANAGERS	I 10.			Florid	la Departme		•	
9.	ue by Ma	y 1, 2006	BERS/MANAGERS	10.			Florid		ent of State		
D	ue by Ma	y 1, 2006 MANAGING MEMI	BERS/MANAGERS	10.			Florid	la Departme		Addition	
9. TITLE	MGR ALLEN, A	y 1, 2006 MANAGING MEMI		TITLE			Florid	la Departme	ent of State		
9. TITLE NAME	MGR ALLEN, A 1839 COL	MANAGING MEMI		TITLE NAM! STRE	E		Florid	la Departme	ent of State		
9. TITLE NAME STREET ADDRESS	MGR ALLEN, A 1839 COL	MANAGING MEMI MANAGING MEMI LLEX K LLINS LANDING RD	☐ Deleta	TITLE NAM! STRE	E Et address - St #2"		Florid	la Departme	ent of State	☐ Addition	
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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.