

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000014121

**FILED**  
**Feb 07, 2008**  
**Secretary of State**

**Entity Name:** ALLISON ELECTRIC SERVICE, LLC

**Current Principal Place of Business:**

5990 HIDDEN HAMMOCK DR  
ALVA, FL 33920 US

**New Principal Place of Business:**

5990 HIDDEN HAMMOCK DR  
FT DENAUD, FL 33935 US

**Current Mailing Address:**

5990 HIDDEN HAMMOCK DR  
ALVA, FL 33920 US

**New Mailing Address:**

5990 HIDDEN HAMMOCK DR  
FT DENAUD, FL 33935 US

**FEI Number:** 33-1111883

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALLISON, ROBERT D  
5990 HIDDEN HAMMOCK DR  
LABELLE, FL 33935 US

**Name and Address of New Registered Agent:**

ALLISON, ROBERT D  
5990 HIDDEN HAMMOCK DR  
FT DENAUD, FL 33935 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: ROBERT ALLISON

02/07/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ALLISON, ROBERT D  
Address: 5990 HIDDEN HAMMOCK DR  
City-St-Zip: ALVA, FL 33920

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ALLISON, ROBERT D  
Address: 5990 HIDDEN HAMMOCK DR  
City-St-Zip: FT DENAUD, FL 33935

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: ROBERT ALLISON

MGR

02/07/2008

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