

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90004 001 \*\*\*\*55.00

**DOCUMENT # L05000037188**

1. Entity Name

DS ELECTRICAL CONTRACTORS LLC



Principal Place of Business

3720 GRANADA BOULEVARD  
CORAL GABLES FL 33134

Mailing Address

3720 GRANADA BOULEVARD  
CORAL GABLES FL 33134

2. Principal Place of Business

5965 N.W. 89TH COURT

3. Mailing Address

5965 N.W. 89TH COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DORAL, FL

City & State

DORAL, FL

Zip  
33172

Country  
USA

Zip  
33172

Country  
USA

4. FEI Number

20-2745986

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/05)

6. Name and Address of Current Registered Agent

MURAI WALD BIONDO MORENO & BROCHIN  
2 ALHAMBRA PLAZA  
PENTHOUSE 1B  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DANIEL, THOMAS B	
STREET ADDRESS	3720 GRANADA BOULEVARD	
CITY - ST - ZIP	CORAL GABLES FL 33134	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DANIEL, SHELLEY	
STREET ADDRESS	3720 GRANADA BOULEVARD	
CITY - ST - ZIP	CORAL GABLES FL 33134	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SATCHELL, DAVE	
STREET ADDRESS	12613 SW 211 STREET	
CITY - ST - ZIP	MIAMI FL 33177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1525 N.W. 89TH COURT	
CITY - ST - ZIP	DORAL, FL 33172	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:

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

Date

Daytime Phone #

2-22-06 (786) 464-1820