

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90104 035 ***138.75

60011340



DOCUMENT # L05000048342																																																																																																																																			
1. Entity Name MARINA ELECTRICAL WHOLESALERS, LLC																																																																																																																																			
Principal Place of Business 492 WEST PALM AIRE DRIVE POMPANO BEACH, FL 33069			Mailing Address 492 WEST PALM AIRE DRIVE POMPANO BEACH, FL 33069																																																																																																																																
2. Principal Place of Business - No P.O. Box # 580 West Palm Aire Drive		3. Mailing Address 580 West Palm Aire Drive																																																																																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																	
City & State Pompano Beach, FL		City & State Pompano Beach, FL		4. FEI Number 20-2893129																																																																																																																															
Zip 33069		Country BROWARD		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent LAVENDER, JOEL R ESQ 507 SOUTHEAST 11TH COURT FORT LAUDERDALE, FL 33316			7. Name and Address of New Registered Agent Name <u>RUSSELL W. HELFER</u> Street Address (P.O. Box Number is Not Acceptable) <u>580 W. PALM AIRE DRIVE</u> City <u>POMPANO BEACH</u> FL Zip Code <u>33069</u>																																																																																																																																
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 <u>RUSSELL W. HELFER</u> <i>[Signature]</i> DATE <u>2/25/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left; padding: 2px;">10. ADDITIONS/CHANGES</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">MGRM HELFER, RUSSELL</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td colspan="2" style="padding: 2px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">492 WEST PALM AIRE DRIVE</td> <td></td> <td style="padding: 2px;">NAME</td> <td colspan="2" style="padding: 2px;">580 West Palm Aire Drive</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">POMPANO BEACH, FL 33069</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td colspan="2" style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">NAME</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td colspan="2" style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">NAME</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td colspan="2" style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">NAME</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td colspan="2" style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">NAME</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2" style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td colspan="2" style="padding: 2px;"></td> </tr> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	MGRM HELFER, RUSSELL	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		NAME	492 WEST PALM AIRE DRIVE		NAME	580 West Palm Aire Drive		STREET ADDRESS	POMPANO BEACH, FL 33069		STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES																																																																																																																																
TITLE	MGRM HELFER, RUSSELL	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																															
NAME	492 WEST PALM AIRE DRIVE		NAME	580 West Palm Aire Drive																																																																																																																															
STREET ADDRESS	POMPANO BEACH, FL 33069		STREET ADDRESS																																																																																																																																
CITY - ST - ZIP			CITY - ST - ZIP																																																																																																																																
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																															
NAME			NAME																																																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																																																
CITY - ST - ZIP			CITY - ST - ZIP																																																																																																																																
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																															
NAME			NAME																																																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																																																
CITY - ST - ZIP			CITY - ST - ZIP																																																																																																																																
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																															
NAME			NAME																																																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																																																
CITY - ST - ZIP			CITY - ST - ZIP																																																																																																																																
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																															
NAME			NAME																																																																																																																																
STREET ADDRESS			STREET ADDRESS																																																																																																																																
CITY - ST - ZIP			CITY - ST - ZIP																																																																																																																																
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Russell Helfer (954) 971-4146 <small>Date Daytime Phone #</small>																																																																																																																																