

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063393

FILED
Apr 12, 2008
Secretary of State

Entity Name: R. THOMPSON ELECTRIC, LLC

Current Principal Place of Business:

439 SOUTHEAST CORK ROAD
PORT SAINT LUCIE, FL 34984

New Principal Place of Business:

Current Mailing Address:

439 SOUTHEAST CORK ROAD
PORT SAINT LUCIE, FL 34984

New Mailing Address:

FEI Number: 56-2521800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, ROBERT
439 SE CORK RD
PORT SAINT LUCIE, FL 34984 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: THOMPSON, ROBERT
Address: 439 SOUTHEAST CORK ROAD
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: S () Delete
Name: THOMPSON, CHRISTINE
Address: 439 SOUTHEAST CORK ROAD
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: T () Delete
Name: THOMPSON, ROBERT
Address: 439 SOUTHEAST CORK ROAD
City-St-Zip: PORT SAINT LUCIE, FL 34984

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: THOMPSON, ROBERT
Address: 439 SOUTHEAST CORK ROAD
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 THOMPSON

MGR

04/12/2008

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