


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 28, 2006 8:00 am
Secretary of State

05-10-2006 90019 038 ****50.00
07-28-2006 90071 006 *****5.00

| | | | | | | |
|--|--------------------------------------|---------------------|---|--|---|--|
| DOCUMENT # L05000065525 1. Entity Name THOMPSON ELECTRIC, LLC | | | |  | | |
| Principal Place of Business 2530 MIKLER ROAD OVIEDO FL 32765 | | | Mailing Address P. O. BOX 1478 WINTER PARK FL 32790 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | |
| City & State | | City & State | | | | |
| Zip | Country | Zip | Country | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | |
| BAHLER, WILLIAM P 2530 MIKLER ROAD OVIEDO FL 32765 | | | | Name | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | City | | |
| | | | | <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ (NOTE: Registered Agent signatures required when remitting) _____ DATE _____ | | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 | | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | | |
| TITLE | MGRM <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BAHLER, WILLIAM P | | | NAME | | |
| STREET ADDRESS | 2530 MIKLER ROAD | | | STREET ADDRESS | | |
| CITY-ST-ZIP | OVIEDO FL 32765 | | | CITY-ST-ZIP | | |
| TITLE | MGRM <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | THOMPSON, SAMUEL | | | NAME | | |
| STREET ADDRESS | 2530 MIKLER ROAD | | | STREET ADDRESS | | |
| CITY-ST-ZIP | OVIEDO FL 32765 | | | CITY-ST-ZIP | | |
| TITLE | MGRM <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | THOMPSON, LUCILLE R | | | NAME | | |
| STREET ADDRESS | 2530 MIKLER ROAD | | | STREET ADDRESS | | |
| CITY-ST-ZIP | OVIEDO FL 32765 | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | |
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| 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 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. | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE: Lucille R. Thompson SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE </div> <div style="text-align: right;"> 4/28/06 Date </div> <div style="text-align: right;"> 407.315.6666 Daytime Phone # </div> </div> | | | | | | |