

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000066628

Entity Name: WILKINSON ELECTRIC, LLC

FILED  
Mar 18, 2009  
Secretary of State

**Current Principal Place of Business:**

44888 GREEN MEADOWS LANE  
CALLAHAN, FL 32011

**New Principal Place of Business:**

**Current Mailing Address:**

44888 GREEN MEADOWS LANE  
CALLAHAN, FL 32011

**New Mailing Address:**

FEI Number: 20-3131608

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MACLEAN, MARK B  
3835 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207 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: MGRM ( ) Delete  
Name: WILKINSON, SHERI C  
Address: 44888 GREEN MEADOWS LANE  
City-St-Zip: CALLAHAN, FL 32011

Title: MGRM ( ) Delete  
Name: WILKINSON, JOHN R  
Address: 44888 GREEN MEADOWS LANE  
City-St-Zip: CALLAHAN, FL 32011

Title: MGRM ( ) Delete  
Name: CARTER, MARVIN E  
Address: 3770 ROGERO ROAD  
City-St-Zip: JACKSONVILLE, FL 32277

**ADDITIONS/CHANGES:**

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

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

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: SHERI WILKINSON

MGRM

03/18/2009

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