2006 LIMITED LIABILITY COMPANY -ANNUAL REPORT-(AR)

Secretary of State DOCUMENT # L05000078377 03-03-2006 90005 025 ****50.00 1. Entity Name JERNIGAN'S ELECTRIC L.L.C. Principal Place of Business Mailing Address 6130 VIRWOOD ROAD PENSACOLA FL 32504 6130 VIRWOOD ROAD PENSACOLA FL 32504 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) 4. FEI Number 20 - 3Z Applied For City & State City & State Not Applicable Zio Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JERNIGAN, DARYL A MGR 6130 VIRWOOD ROAD Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32504 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, typed or provide name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. ☐ Change ■ Addition TITLE MGR TITLE ☐ Delete NAME JERNIGAN, DARYL A NAME STREET ADDRESS 6130 VIRWOOD ROAD STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32504 CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete 1171 F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance Addition ☐ Delete TITLE ПΠЕ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-709 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.

FILED

Mar 03, 2006 8:00 am

-18-2006