

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092787

FILED  
Apr 18, 2007  
Secretary of State

Entity Name: TOMASELLO ELECTRIC LLC

## Current Principal Place of Business:

2114 THORN HOLLOW CT.  
ST. AUGUSTINE, FL 32093

## New Principal Place of Business:

2114 THORN HOLLOW CT.  
ST. AUGUSTINE, FL 32092

## Current Mailing Address:

2114 THORN HOLLOW CT.  
ST. AUGUSTINE, FL 32093

## New Mailing Address:

2114 THORN HOLLOW CT.  
ST. AUGUSTINE, FL 32092

FEI Number: 52-2258052

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TOMASELLO, EDWARD  
2114 THORN HOLLOW CT.  
ST. AUGUSTINE, FL 32093 US

## Name and Address of New Registered Agent:

TOMASELLO, EDWARD  
2114 THORN HOLLOW CT.  
ST. AUGUSTINE, FL 32092 US

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:

04/18/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: TOMASELLO, EDWARD  
Address: 2114 THORN HOLLOW CT.  
City-St-Zip: ST. AUGUSTINE, FL 32093

Title: MGRM ( ) Delete  
Name: TOMASELLO, AMY  
Address: 2114 THORN HOLLOW CT.  
City-St-Zip: ST. AUGUSTINE, FL 32092

## ADDITIONS/CHANGES:

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 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: EDWARD TOMASELLO

MGRM

04/18/2007

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