

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000103890

**FILED**  
**Feb 20, 2010**  
**Secretary of State**

**Entity Name:** THREE POINTS ELECTRIC LLC

**Current Principal Place of Business:**

5054 GALLIVER CUT-OFF  
BAKER, FL 32531

**New Principal Place of Business:**

**Current Mailing Address:**

5054 GALLIVER CUT-OFF  
BAKER, FL 32531

**New Mailing Address:**

**FEI Number:** 33-1126174

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

EASTRIDGE, SUSAN H  
5054 GALLIVER CUT-OFF  
BAKER, FL 32531 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  
**Name:** EASTRIDGE, SUSAN H  
**Address:** 5054 GALLIVER CUT-OFF  
**City-St-Zip:** BAKER, FL 32531

**Title:** MGRM  
**Name:** EASTRIDGE, JAMES T  
**Address:** 5054 GALLIVER CUT-OFF  
**City-St-Zip:** BAKER, FL 32531

**Title:** MGRM  
**Name:** CLARY, DEAN R  
**Address:** 3294 PLYMPTON RD  
**City-St-Zip:** LAUREL HILL, FL 32567

I hereby 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:** SUSAN H. EASTRIDGE

MGRM

02/20/2010

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