

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103916

FILED
Apr 03, 2007
Secretary of State

Entity Name: LOW VOLT WIRE & HOME INSTALLATION, LLC

Current Principal Place of Business:

2609 NE 189 ST
AVENTURA, FL 33180

New Principal Place of Business:

5093 NW 2ND AVE
MIAMI, FL 33127

Current Mailing Address:

1840 NE 180TH STREET
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

20428 NW 9TH AVE
MIAMI GARDENS, FL 33169

FEI Number: 20-3637024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

QUETTAN, HIMMLER
590 NW 123RD STREET
MIAMI, FL 33168 US

Name and Address of New Registered Agent:

QUETTAN, HIMMLER
20428 NW 9TH AVE
MIAMI GARDENS, FL 33168 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: HIMMLER A QUETTAN

04/03/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: QUETTAN, HIMMLER
Address: 590 NW 123RD STREET
City-St-Zip: MIAMI, FL 33168

Title: MGR () Delete
Name: HACKETT, CHANDLER
Address: 21301 NE 13TH PLACE
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: QUETTAN, HIMMLER
Address: 20428 NW 9TH AVE
City-St-Zip: MIAMI GARDENS, FL 33169

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: HIMMLER A QUETTAN

MGR

04/03/2007

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