


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90148 033 ****55.00

| | | | |
|--|---|---|--|
| DOCUMENT # L05000104072 1. Entity Name ALL CABLING & WIRING TECHNOLOGIES, LLC | |  | |
| Principal Place of Business 900 FOX VALLEY DR 206 LONGWOOD, FL 32779 | | Mailing Address 900 FOX VALLEY DR 206 LONGWOOD, FL 32779 | |
| 2. Principal Place of Business - No P.O. Box # 2532 Pemberton Dr | | 3. Mailing Address 2532 Pemberton Dr | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Apopka, FL | | City & State Apopka, FL | |
| Zip 32703 | | Zip 32703 | |
| Country USA | | Country USA | |
| 4. FEI Number APPLIED FOR | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HARRISON, JODI L 900 FOX VALLEY DR SUITE 206 LONGWOOD, FL 32779 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2532 Pemberton Dr City Apopka FL Zip Code 32703 | |
| 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 <u><i>Jodi L Harrison</i></u> DATE <u>1-15-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR HARRISON, JODI L 900 FOX VALLEY DR, SUITE 206 LONGWOOD, FL 32779 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | 2532 Pemberton Dr Apopka FL 32703 | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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. | | | |
| SIGNATURE: <u><i>Jodi L Harrison</i></u> | | DATE: <u>1-15-07</u> DAYTIME PHONE #: <u>407-389-6201</u> | |