

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108773

Entity Name: SLICER ELECTRIC, LLC

FILED  
May 17, 2006  
Secretary of State

**Current Principal Place of Business:**

2130 SPRUCE CREEK CIRCLE WEST  
PORT ORANGE, FL 32128

**New Principal Place of Business:**

**Current Mailing Address:**

2130 SPRUCE CREEK CIRCLE WEST  
PORT ORANGE, FL 32128

**New Mailing Address:**

FEI Number: 51-0580527      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

BAUER, KIRK T  
223 S. WOODLAND BOULEVARD  
DELAND, FL 32724      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: MGR ( ) Delete  
Name: SLICER, BRUCE  
Address: 2130 SPRUCE CREEK CIRCLE WEST  
City-St-Zip: PORT ORANGE, FL 32128

Title: MGR ( ) Delete  
Name: SLICER, JASON  
Address: 2130 SPRUCE CREEK CIRCLE WEST  
City-St-Zip: PORT ORANGE, FL 32128

**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: JASON SLICER

MGR

05/17/2006

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