

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90065 022 ****50.00

DOCUMENT # L05000121659

1. Entity Name

RICH'S ELECTRICAL SERVICE, LLC



Principal Place of Business

**417 OAK PLACE, #1
PORT ORANGE FL 32127**

Mailing Address

**417 OAK PLACE, #1
PORT ORANGE FL 32127**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

04-3836975

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMPSON, TIMOTHY E
417 OAK PLACE, #1
PORT ORANGE FL 32127**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State.

Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **THOMPSON, TIMOTHY E**
CITY-ST-ZIP **3623 KRIERVIEW DRIVE**
CINCINNATI OH 45248

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6038 WHISPERING TREES LN.**
CITY-ST-ZIP **PORT ORANGE FL 32128**

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **THOMPSON, HOPE E**
CITY-ST-ZIP **3623 KRIERVIEW DRIVE**
CINCINNATI OH 45248

TITLE ☒ Change ☐ Addition
NAME **MGR**
STREET ADDRESS **6038 WHISPERING TREES LN.**
CITY-ST-ZIP **PORT ORANGE FL 32128**

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **THOMPSON, WILLIAM E**
CITY-ST-ZIP **4669 GREENWALD CT.**
CINCINNATI OH 45248

TITLE ☒ Change ☐ Addition
NAME **MGR**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]* **Timothy E. Thompson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/4/06

386 767 7824

Date

Daytime Phone #