

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000009796

FILED
Apr 17, 2008
Secretary of State

Entity Name: EAGLE ELECTRICAL ENTERPRISE LLC

Current Principal Place of Business:

115 LAMERAUX ROAD
WINTER HAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

115 LAMERAUX ROAD
WINTER HAVEN, FL 33884

New Mailing Address:

FEI Number: 20-8880812

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOE, ARTHUR L
115 LAMERAUX ROAD
WINTER HAVEN, FL 33884 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: SHOE, ARTHUR L
Address: 225 MOCKINGBIRD LANE
City-St-Zip: WINTER HAVEN, FL 33881

Title: MGRM () Delete
Name: FARMER, BRENT ALLEN
Address: 1105 WILLIAMS ROAD
City-St-Zip: BABSON PARK, FL 33827

Title: MGRM () Delete
Name: CODY, MARK EDWARD
Address: 17 OAKWOOD ROAD
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SHOE, ARTHUR L
Address: 115 LAMERAUX ROAD
City-St-Zip: WINTER HAVEN, FL 33884

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 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: ARTHUR L. SHOE

OWNE

04/17/2008

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