

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000022071

FILED  
Feb 17, 2010  
Secretary of State

**Entity Name:** TOTAL ENERGY SYSTEMS OF FLORIDA LLC

**Current Principal Place of Business:**

1203 U.S. HWY., 1 NORTH, SECTION D  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

132 BUSINESS CENTER DR  
UNIT 4  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

1203 U.S. HWY., 1 NORTH, SECTION D  
ORMOND BEACH, FL 32174

**New Mailing Address:**

132 BUSINESS CENTER DR  
UNIT 4  
ORMOND BEACH, FL 32174

**FEI Number:** 22-3921895

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SHANE, EDWARD  
1203 N US HWY 1  
STE D  
ORMOND BEACH, FL 32174 US

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

SHANE, EDWARD  
132 BUSINESS CENTER DR  
UNIT 4  
ORMOND BEACH, FL 32174 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: EDWARD SHANE

02/17/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SHANE, EDWARD  
Address: 132 BUSINESS CENTER DR UNIT 4  
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR  
Name: DE PASCALE, PETER J  
Address: 132 BUSINESS CENTER DR UNIT 4  
City-St-Zip: ORMOND BEACH, FL 32174

Title: S  
Name: SHANE, EDWARD  
Address: 132 BUSINESS CENTER DR UNIT 4  
City-St-Zip: ORMOND BEACH, FL 32174

Title: T  
Name: DE PASCALE, PETER J  
Address: 132 BUSINESS CENTER DR UNIT 4  
City-St-Zip: ORMOND BEACH, FL 32174

I hereby 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: EDWARD SHANE

MGR

02/17/2010

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