

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000022816

FILED
May 03, 2009
Secretary of State**Entity Name:** ELECTRICAL SERVICES LLC**Current Principal Place of Business:**700 RICH DRIVE
OCOE, FL 34761 US**New Principal Place of Business:****Current Mailing Address:**700 RICH DRIVE
OCOE, FL 34761 US**New Mailing Address:****FEI Number:** 42-1700170**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HENSEL, ARA'BETH C
700 RICH DRIVE
OCOE, FL 34761 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: MGRM () Delete
Name: HENSEL JR, ALBERT C
Address: 700 RICH DRIVE
City-St-Zip: OCOE, FL 34761 USTitle: MGR () Delete
Name: LAVOIE, CHARLES M
Address: 15840 STATE RD 50 LOT 231
City-St-Zip: CLERMONT, FL 34711 USTitle: MGR () Delete
Name: MASKAL, MATTHEW J
Address: 634 HEATHERTON VILLAGE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: MGR (X) Change () Addition
Name: HENSEL, BEATRICE A
Address: 700 RICH DRIVE
City-St-Zip: OCOE, FL 34761 US

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: ALBERT C HENSEL JR

MGRM

05/03/2009

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