

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000029361

Entity Name: DOCTOR ELECTRIC, LLC

FILED  
Apr 11, 2007  
Secretary of State

## Current Principal Place of Business:

7477 GORVEOAK DRIVE  
ORLANDO, FL 32810 US

## New Principal Place of Business:

6120 EDGEWATER DRIVE  
SUITE D.  
ORLANDO, FL 32810 US

## Current Mailing Address:

7477 GORVEOAK DRIVE  
ORLANDO, FL 32810 US

## New Mailing Address:

6120 EDGEWATER DRIVE  
SUITE D.  
ORLANDO, FL 32810 US

FEI Number: 83-0457066

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.  
92 SADBERRY ROAD  
QUINCY, FL 32351 US

## Name and Address of New Registered Agent:

POLEN, CHARLES  
7477 GORVEOAK DRIVE  
ORLANDO, FL 32810 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: CHARLES POLEN

04/11/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: POLEN, CHARLES  
Address: 7477 GROVEOAK DRIVE.  
City-St-Zip: ORLANDO, FL 32810 US

Title: MGRM ( ) Delete  
Name: SOUTHARD, WALTER  
Address: 2429 DEER MEADOW DRIVE  
City-St-Zip: APOPKA, FL 32703 US

## 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: CHARLES POLEN

V.P.

04/11/2007

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