

FILED
Feb 11, 2008 08:00 AM
Secretary of State

1. Entity Name
A.P. ELECTRIC, L.L.C.



Mailing Address
7581 CARRIER ROAD
FT. MYERS, FL 33912

DO NOT WRITE IN THIS SPACE



CR2E083 (12/07)

Applied For
Not Applicable

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERKINS, ANDREW T
7581 CARRIER ROAD
FT. MYERS, FL 33912

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

11/11/11 02:00

02/19/08-80049-014 138.75

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PERKINS, ANDREW T
STREET ADDRESS	7581 CARRIER ROAD
CITY - ST - ZIP	FT. MYERS, FL 33912

TITLE	MGRM
NAME	PERKINS, KRISTEN M
STREET ADDRESS	7581 CARRIER ROAD
CITY-ST-ZIP	FT. MYERS, FL 33912

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone # _____