

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000049397

FILED  
Jul 19, 2007  
Secretary of State

**Entity Name:** SKY ELECTRIC OF SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

7654 TROPICANA STREET  
MIRAMAR, FL 33023

**New Principal Place of Business:**

**Current Mailing Address:**

7654 TROPICANA STREET  
MIRAMAR, FL 33023

**New Mailing Address:**

FEI Number: 20-4879705      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

JOHNNY A. GASPARD, ESQ.  
15025 N.W. 77TH AVE  
SUITE 116  
MIAMI LAKES, FL 33014 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CEPEDA, CARLOS  
Address: 5944 N.W. 54TH LANE  
City-St-Zip: TAMARAC, FL 33319

Title: MGRM ( ) Delete  
Name: ROJAS, OTIS  
Address: 7654 TROPICANA STREET  
City-St-Zip: MIRAMAR, FL 33023

**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 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: OTIS ROJAS

MGRM

07/19/2007

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