2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 11, 2007 8:00 am Secretary of State DOCUMENT # L06000067566 1. Entity Name 04-11-2007 90158 043 ****50.00 RLE ELECTRIC LLC Principal Place of Business Mailing Address 4127 LAKE BAYSHORE DRIVE 4127 LAKE BAYSHORE DRIVE C-416 **BRADENTON FL 34205 BRADENTON FL 34205** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 20-5159889 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo EDDINGTON, ROGER L Street Address (P.O. Box Number is Not Acceptable) 4127 LAKE BAYSHORE DRIVE C-416 **BRADENTON FL 34205** City Zip Code 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, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature reduced when reinstaling) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. 10 ADDITIONS/CHANGES IRU MGR ☐ Delete Change Addition NAME EDDINGTON, ROGER L NAM STREET ADDRESS 4127 LAKE BAYSHORE DRIVE, C-416 STREET ADDRESS CHY SI-ZIP **BRADENTON FL 34205** CHY ST 7IP 1011 ☐ Delete Ш Change Addition NAME NAME STREET ADDRESS SHILL ADDRESS CITY+SL-ZIP CHY ST 7IP 11111 ☐ Change ☐ Defete HILL Addition NAMI NAMI STREET ADDRESS STREET ADDRESS CITY 31-76 Um Sizir TILLE ☐ Delete 11111 ☐ Change ☐ Addition NAMI STREET ADDRESS STREET ADDRESS CITY ST 71P CHY ST ZIP ШП ☐ Delete Ш Change Addition NAMI NAMI STREET ADDRESS STREET ADDRESS CHY SI 7IP CHY ST /IP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY ST-ZIP

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JRE: 109 Colding to SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE DIVIDED TO TOTAL PHOOFE #

11. I horeby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 eath; 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.