## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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Apr 02, 2007 8:00 am
Secretary of State
04.09.2007.00429.021.****50.00

**DOCUMENT # L06000089556** 04-02-2007 90432 031 RTD ELECTRIC LLC Principal Place of Business Mailing Address 60030959 20005 HWY 27 LOT #857 P 0 B0X 605 CLERMONT, FL 34715 GROVELAND, FL 34736 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03292007 Chg-LLC CR2E083 (12/06) City & State Applied For City & State 4. FEI Number 20-8732777 Not Applicable 7in 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 Name JOHNSON, TIMOTHY R Street Address (P.O. Box Number is Not Acceptable) 20005 HWY 27 LOT #857 CLERMONT, FL 34715 City Zip Code FL 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM ☐ Change ☐ Addition TITLE THILE ☐ Delete JOHNSON, TIMOTHY R NAME NAME STREET ADDRESS 20005 HWY 27 LOT #857 STREET ADDRESS CITY-ST-ZIP CLERMONT, FL 34715 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition THILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition THE TITLE NAME NAME STREET ADDRESS STREET ADDRESS LHTY-ST-ZIP CITY-ST-ZIP

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 resource or trustee impowered to execute his report as required by Chapter 608, Florida Statutes.

SIGNATURE:

DAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/24/07