2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State
02-12-2007 90308 014 ****55.00

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1. Entity Name
SPALL ELECTRICAL SERVICES LLC

Principal Place of Business
11406 WESTON POINTE DR.
APT. 102
BRANDON, FL 33511

Mailing Address
11406 WESTON POINTE DR.
APT. 102
BRANDON, FL 33511

01052007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business No P.O. Box #		3. Mailing Address	
26946 Cotton KEY Lane		26946 Cotton KEY Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: WESLEY Chapel FL		City & State: WESLEY Chapel FL	
Zip: 33543	Country: USA	Zip: 33543	Country: USA

4. FEI Number 20-5563188 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SPALL, DAVID L
11406 WESTON POINTE DR.
APT. 102
BRANDON, FL 33511

7. Name and Address of New Registered Agent

Name: SPALL DAVID L
Street Address (P.O. Box Number is Not Acceptable): 26946 COTTON KEY LANE
City: WESLEY Chapel FL Zip Code: 33543

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: David J Spall 1-17-07
Signature, typed or printed name of registered agent and title if applicable DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGRM SPALL, DAVID L 11406 WESTON POINTE DR. APT. 102 BRANDON, FL 33511	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	MGRM SPALL DAVID L 26946 CoTTON KEY LANE WESLEY Chapel FL	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition

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: David J Spall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #