

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000094800

FILED
Oct 23, 2008
Secretary of State**Entity Name:** ALLBRITE ELECTRICAL GROUP, LLC**Current Principal Place of Business:**4651 SW 51ST STREET
SUITE 812
DAVIE, FL 33314**New Principal Place of Business:****Current Mailing Address:**4651 SW 51ST STREET
SUITE 812
DAVIE, FL 33314**New Mailing Address:****FEI Number:** 20-5616382**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GERBER, LLOYD A
4450 NW 126TH AVE STE 101
CORAL SPRINGS, FL 33065 US**Name and Address of New Registered Agent:**ALLBRITE DIVERSIFIED ELECTRICAL CONTRACTOR
4651 SW 51ST STREET
SUITE 812
DAVIE, FL 33314 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: ALLBRITE DIVERSIFIED

10/23/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALLBRITE DIVERSIFIED, ELECTRICAL CONTRACTOR
Address: 4651 SW 51ST STREET, SUITE 812
City-St-Zip: DAVIE, FL 33314

Title: MGRM () Delete
Name: SOUTH FLORIDA ELECTRICAL HOLDINGS, LLC
Address: 4651 SW 51ST STREET, SUITE 812
City-St-Zip: DAVIE, FL 33314

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: ALLBRITE DIVERSIFIED

RA

10/23/2008

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