

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000007142

Entity Name: TRUE-SAFE ELECTRIC, LLC

FILED
Jan 08, 2008
Secretary of State

Current Principal Place of Business:

1424 HAMLIN AVENUE
ST. CLOUD, FL 34771

New Principal Place of Business:

1408 HAMLIN AVENUE
ST. CLOUD, FL 34771

Current Mailing Address:

1424 HAMLIN AVENUE
ST. CLOUD, FL 34771

New Mailing Address:

1408 HAMLIN AVENUE
ST. CLOUD, FL 34771

FEI Number: 20-8272011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOMIMBANG, ROSALINDA M
108 BURNSIDE WAY
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

TOMIMBANG, WENDELL E
108 BURNSIDE WAY
KISSIMMEE, FL 34744 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: WENDELL E. TOMIMBANG

01/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TOMIMBANG, ROSALINDA M
Address: 108 BURNSIDE WAY
City-St-Zip: KISSIMMEE, FL 34744

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TOMIMBANG, WENDELL E
Address: 108 BURNSIDE WAY
City-St-Zip: KISSIMMEE, FL 34744

Title: MGR () Change (X) Addition
Name: TOMIMBANG, ROSALINDA M
Address: 108 BURNSIDE WAY
City-St-Zip: KISSIMMEE, FL 34744

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: WENDELL E. TOMIMBANG

MGRM

01/08/2008

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