

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000031835

Entity Name: ALBELECTRIC LTD. CO.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

4034 BRIARFOREST RD E
JACKSONVILLE, FL 32277 US

New Principal Place of Business:

Current Mailing Address:

4034 BRIARFOREST RD E
JACKSONVILLE, FL 32277 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRAGA, ARTUR
4034 BRIARFOREST RD E
JACKSONVILLE, FL FL US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DRAGA, ARTUR
Address: 4034 BRIARFOREST RD E
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: MGRM () Delete
Name: DRAGA, LAURA
Address: 4034 BRIARFOREST RD E
City-St-Zip: JACKSONVILLE, FL 32277 US

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: ARTUR DRAGA

MGRM

04/16/2009

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