2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 23, 2009
Secretary of State

DOCUMENT# L07000042602

Entity Name: UNITY ELECTRICAL CONTRACTORS, LLC

Current Principal Place of Business:

4512 31ST AVE SW
NAPLES, FL 34116 US

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 9636
NAPLES, FL 34101 US

New Mailing Address:

P.O. BOX 9636
NAPLES, FL 34101

FEI Number: 20-8843147 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SAGESSE, JEAN
4512 31ST AVE SW
NAPLES, FL 34116 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: SAGESSE, JEAN
Address: 570 20TH ST SE
City-St-Zip: NAPLES, FL 34117

Title: P ( ) Delete
Name: SAGESSE, JEAN
Address: 4512 31ST AVE SW
City-St-Zip: NAPLES, FL 34116 US

Title: VP ( ) Delete
Name: GALDAMEZ, HERLY N
Address: 8138 SILVER BIRCH WAY
City-St-Zip: LEHIGH ACRES, FL 33971

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JEAN SAGESSE P 06/23/2009

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