

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90179 009 \*\*\*138.75

**DOCUMENT # L07000052777**

1. Entity Name

CRYSTAL LAKE ELECTRIC, LLC



Principal Place of Business

3505 CRYSTAL LAKE DRIVE  
CHIPLEY FL 32428

Mailing Address

3505 CRYSTAL LAKE DRIVE  
CHIPLEY FL 32428



2. Principal Place of Business - No P.O. Box #

3505 Crystal Lake Drive

Suite, Apt. #, etc.

3. Mailing Address

3505 Crystal Lake Drive

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

Chipley FL

City & State

Chipley FL

4. FEI Number

59-3610359

Applied For

Not Applicable

Zip

32428

Country

USA

Zip

32428

Country

USA

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

HODGES, DANIEL F  
3505 CRYSTAL LAKE DRIVE  
CHIPLEY FL 32428

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete  
NAME HODGES, DANIEL F.  
STREET ADDRESS 3505 CRYSTAL LAKE DRIVE  
CITY-ST-ZIP CHIPLEY FL 32428

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Daniel F. Hodges*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #