
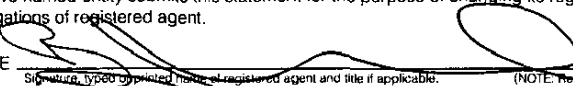


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90123 045 \*\*\*138.75

<b>DOCUMENT # L07000105318</b>			
1. Entity Name <b>GDK ELECTRIC LLC.</b>			
Principal Place of Business <b>3025 LAKE BUTTER CT CAPE CORAL, FL 33909</b>		Mailing Address <b>PO BOX 2468 FT MYERS, FL 33902</b>	
2. Principal Place of Business - No P.O. Box # <b>3037 Lake Butler Ct.</b>		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>Cape Coral FL</b>		City & State	
Zip <b>33909</b>	Country <b>USA</b>	Zip	Country
6. Name and Address of Current Registered Agent <b>KOZINSKI, BRIAN 3025 LAKE BUTTER CT CAPE CORAL, FL 33909</b>		7. Name and Address of New Registered Agent Name <b>Kozinski, Brian</b> Street Address (P.O. Box Number is Not Acceptable) <b>3037 Lake Butler Ct</b> City <b>Cape Coral</b> <b>FL</b> Zip Code <b>33909</b>	
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  DATE <b>03.31.08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOZINSKI, BRIAN 3025 LAKE BUTTER CT CAPE CORAL, FL 33909 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3037 Lake Butler Ct Cape Coral, FL 33909</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOZINSKI, GAYLE 3025 LAKE BUTTER CT CAPE CORAL, FL 33909 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3037 Lake Butler Ct Cape Coral, FL 33909</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**SIGNATURE**

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

**03.31.08**

Date

**239.986.0594**

Daytime Phone #

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