

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90017 019 ***143.75

DOCUMENT # L07000117533 1. Entity Name ELECPRO ELECTRICAL CONTRACTORS LLC			
Principal Place of Business 925 HIGHLAND DR S W VERO BEACH, FL 32962		Mailing Address 925 HIGHLAND DR S W VERO BEACH, FL 32962	
2. Principal Place of Business - No P.O. Box # 2255 17TH AVE SW Suite, Apt. #, etc.		3. Mailing Address 2255 17TH AVE SW Suite, Apt. #, etc.	
City & State VERO BEACH, FL		City & State VERO BEACH, FL	
Zip 32962		Zip 32962	
Country INDIAN RIVER		Country INDIAN RIVER	
4. FEI Number 26-1452373		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		04202008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent FOSTER, LEON JR 925 HIGHLAND DR S W VERO BEACH, FL 32962		7. Name and Address of New Registered Agent Name HOOPER, MICHAEL D. Street Address (P.O. Box Number is Not Acceptable) 1830 SW BEEKER ST. City PORT ST. LUCIE FL Zip Code 34953	
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 <small>Signature, typed or printed name of registered agent and fee if applicable.</small>		DATE 4-24-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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 MGRM <input type="checkbox"/> Delete	NAME IVORY, CHARLES E	TITLE MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME HOOPER, MICHAEL D
STREET ADDRESS 255 17 AVE SW	CITY-ST-ZIP VERO BEACH, FL 32962	STREET ADDRESS 1830 SW BEEKER ST.	CITY-ST-ZIP PORT ST. LUCIE, FL 34953
TITLE MGRM <input type="checkbox"/> Delete	NAME FOSTER, LEON JR	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 925 HIGHLAND DR S W	CITY-ST-ZIP VERO BEACH, FL 32962	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MGR <input checked="" type="checkbox"/> Delete	NAME THELUSCA, GERARD J	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS P O BOX 881394	CITY-ST-ZIP PORT ST LUCIE, FL 34988	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS <input type="checkbox"/> Delete	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: CHARLES E. IVORY		Date 4/24/08 Daytime Phone # 772-201-2194	