


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000125780 1. Entity Name WILCO ELECTRICAL, LLC																																																																																																															
Principal Place of Business 455 MADISON AVENUE, SE GRAND RAPIDS, MI 49503		Mailing Address 455 MADISON AVENUE, SE GRAND RAPIDS, MI 49503																																																																																																													
2. Principal Place of Business - No P.O. Box # 3651 NW 79TH AVE Suite, Apt. #, etc.		3. Mailing Address 3651 NW 79TH AVE Suite, Apt. #, etc.																																																																																																													
City & State MIAMI, FL Zip 33166		City & State MIAMI FL Zip 33166																																																																																																													
Country USA		Country USA																																																																																																													
4. FEI Number 26-1606257		Applied For <input type="checkbox"/> Not Applicable																																																																																																													
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																																																																																																													
6. Name and Address of Current Registered Agent HAAGENSON & HAAGENSON, P.A. 515 E LAS OLAS BLVD. SUITE 860 FORT LAUDERDALE, FL 33316		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>																																																																																																													
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 title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																															
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.																																																																																																													
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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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div style="width: 40%; text-align: right;"> 9-1-08 <small>Date</small> </div> <div style="width: 15%; text-align: right;"> 305-248 9911 <small>Daytime Phone #</small> </div> </div>																																																																																																															

FILED

2008 OCT 21 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06202008 Chg-LLC CR2E083 (12/06)

4. FEI Number
26-1606257

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HAAGENSON & HAAGENSON, P.A.
515 E LAS OLAS BLVD.
SUITE 860
FORT LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

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