

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000003634

FILED  
Mar 05, 2009  
Secretary of State

Entity Name: FLORIDA ENERGY SOLUTIONS, LLC

## Current Principal Place of Business:

2190 CORPORATION BLVD. #2  
NAPLES, FL 34109

## New Principal Place of Business:

2190 CORPORATION BLVD.  
#2  
NAPLES, FL 34109

## Current Mailing Address:

2190 CORPORATION BLVD. #2  
NAPLES, FL 34109

## New Mailing Address:

3648 KENT DRIVE  
NAPLES, FL 34112

FEI Number: 26-3238723

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WASCH, SYLVIA  
2190 CORPORATION BLVD. #2  
NAPLES, FL 34109 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: MGR ( ) Delete  
Name: WASCH, SYLVIA  
Address: 3648 KENT DRIVE  
City-St-Zip: NAPLES, FL 341123738

Title: MGR ( ) Delete  
Name: WASCH, DIETMAR  
Address: 3648 KENT DRIVE  
City-St-Zip: NAPLES, FL 341123738

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: WASCH, SYLVIA  
Address: 3648 KENT DRIVE  
City-St-Zip: NAPLES, FL 34112

Title: MGRM (X) Change ( ) Addition  
Name: WASCH, DIETMAR  
Address: 3648 KENT DRIVE  
City-St-Zip: NAPLES, FL 34112

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: SYLVIA WASCH

MGRM

03/05/2009

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