2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# L08000031925

Entity Name: INLET ELECTRIC, LLC

Current Principal Place of Business:

2936 PINE TREE DRIVE
EDGEWATER, FL 32141 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1106
EDGEWATER, FL 32132 US

New Mailing Address:

FEI Number: 41-2275034 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEYMOUR, KEVIN
2936 PINE TREE DRIVE
EDGEWATER, FL 32141 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: MGRM ( ) Delete
Name: SEYMOUR, KEVIN
Address: 2936 PINE TREE DRIVE
City-St-Zip: EDGEWATER, FL 32141 US

Title: MGRM ( ) Delete
Name: HENDERSON, ROBERT
Address: 2426 TRAVELERS PALM DRIVE
City-St-Zip: EDGEWATER, FL 32141 US

Title: MGRM ( ) Delete
Name: LLOYD, MATT
Address: 670 CORAL TRACE BLVD.
City-St-Zip: EDGEWATER, FL 32132 FL

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: LLOYD, MATTHEW
Address: 670 CORAL TRACE BLVD.
City-St-Zip: EDGEWATER, FL 32132 US

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: MATTHEW LLOYD MGRM 04/22/2009

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