

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000085199

FILED
Apr 24, 2009
Secretary of State

Entity Name: HI-VOLT, LLC

Current Principal Place of Business:

2005 DELEON AVE
VERO BEACH, FL 32960

New Principal Place of Business:

2005 DE LEON AVE
VERO BEACH, FL 32960 US

Current Mailing Address:

2005 DELEON AVE
VERO BEACH, FL 32960

New Mailing Address:

25 FLORIDA BLVD
MERRITT ISLAND, FL 32953 US

FEI Number: 26-3330931

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

LEON, CRISTIAN
25 FLORIDA BLVD
MERRITT ISLAND, FL 32953 US

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: CRISTIAN LEON

04/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KINZER, CHARLES R
Address: 2005 DELEON AVE
City-St-Zip: VERO BEACH, FL 32960

Title: MGRM () Delete
Name: LEON, CRISTIAN E
Address: 2005 DELEON AVE
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KINZER, CHARLES R
Address: 2005 DE LEON AVE
City-St-Zip: VERO BEACH, FL 32960 US

Title: MGRM (X) Change () Addition
Name: LEON, CRISTIAN E
Address: 2005 DELEON AVE
City-St-Zip: VERO BEACH, FL 32960 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: CRISTIAN LEON

MGRM

04/24/2009

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