

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000102372

FILED
Apr 30, 2009
Secretary of State

Entity Name: EWS ELECTRIC, LLC

Current Principal Place of Business:

373 4TH ST NW.
LARGO, FL 33770

New Principal Place of Business:

Current Mailing Address:

373 4TH ST NW.
LARGO, FL 33770

New Mailing Address:

FEI Number: 26-3637363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRAFT, JEFFREY C
8199 TERRACE GARDEN DR. N.
UNIT 403
ST. PETERSBURG, FL 33709 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: WREN, DENISE R
Address: 2621 21ST PLACE S.W.
City-St-Zip: LARGO, FL 33774

Title: MGRM () Delete
Name: ENNIS, KENNETH E
Address: 2621 21ST PLACE S.W.
City-St-Zip: LARGO, FL 33774

Title: MGRM () Delete
Name: STANDRING, JOHN A
Address: 8896 94TH STREET N.
City-St-Zip: SEMINOLE, FL 33777

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WREN, DENISE R
Address: 373 4TH ST NW
City-St-Zip: LARGO, FL 33770

Title: MGRM (X) Change () Addition
Name: ENNIS, KENNETH E
Address: 373 4TH ST NW
City-St-Zip: LARGO, FL 33770

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

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: DENISE R. WREN

MGR

04/30/2009

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