## M02000000735

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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## **FILING REQUEST**

November 21, 2003

## FLORIDA SECRETARY OF STATE

Type of Filing:

CHANGE OF AGENT

Subject(s):

PARSONS ELECTRIC LLC

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED AGENT

Supporting Document(s):

NONE

Check Enclosed:

CHECK #13228 FOR \$25.00

Return Via:

**REGULAR MAIL** 

Filing Method:

··· ASAP

PLEASE RETURN TO:

PREMIER CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at **1-800-227-1256** if there are any questions. Thank you!

Sue Brodtmann

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1 701	1 12 1 212	· Parsons El	lectric LLC	
1. The name of the limi	ted liability comp	bany is: I disolis 2.		
2. The mailing address	of the limited liab	pility company is:	5960 Main Street NE	, Minneapolis, MN 55432
	····			
3/21/2002		<u>.</u>	M02000000735	
3. Date of filing/registra	tion in Florida	-	4. Document num	nber
5. The name of the regis Florida Department of		he registered office	e address as shown o	on the records of the
•	CT Corporation	System		
	<u></u>	Name	<u> </u>	
	1200 South Pin	e Island Road		
		Address		<u> </u>
	Plantation, FL 3			٠, ٥
		City, State and Z	Zip	3 2
6. The name and address of the new registered agent and/o			office:	TALLAHASSE FLORIU
	_			30% P T
	NRAI Services, I	lnc.		
		Name		
	526 E. Park Ave	nue <u> </u>		
	Florida street	address (P.O. Box	NOT acceptable)	ALC THE
	Tallahassee	FL 3230	1	•
	· · · · · · · · · · · · · · · · · · ·	City, State and Zij	p	
Muliculi Ma	change or change of the registered a ereby confirmed a decided liability comp of the limited liability comp	es are made, the Flor gent will be idention that the change(s) any or as otherwise bility company.	orida street address o	of the registered office
(Signature of a member or author	orized epresentative of	f a member)		·
Michael Northquest, Memi	per			
(Printed or typed name of signe	•)			•
		tered agent and ag relative to the pro- ligations of my pos- being filed to mer- liability company	ree to act in this ca per and complete pe ition as registered a ely reflect a change has been notified in	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office writing of this change.
(Signature of Registered Agent)		<del></del>		
Jackie Sorman, Assistant <b>Divisi</b>	secretary on of Corporati	ons, P.O. Box 632	7, Tallahassee, FL	32314

FILING FEE: \$25.00

INHS18(10/99)