

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000004453

1. Entity Name  
ANDERSON ELECTRICAL SERVICES, LLC



Principal Place of Business  
1990 DELK INDUSTRIAL BLVD STE 102  
MARIETTA, GA 30067

Mailing Address  
1990 DELK INDUSTRIAL BLVD STE 102  
MARIETTA, GA 30067

FILED  
SECRETARY OF  
STATE  
DIVISION OF CORPORATIONS  
06 OCT 11 AM 10:04

**DO NOT WRITE IN THIS SPACE**

08142006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
86-1104138

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 6, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
ANDERSON, STEVEN S  
1990 DELK INDUSTRIAL BLVD STE 102  
MARIETTA, GA 30067

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
KROON, VIKTOR A  
1990 DELK INDUSTRIAL BLVD STE 102  
MARIETTA, GA 30067

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

600080737146  
10/11/06--01070--004 \*\*\$5.00

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IN THIS SPACE**

REINSTATEMENT 2006

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

10/5/06

404 290 2848