

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # M06000003744**

1. Entity Name  
**ELECTRICOM, LLC**



Principal Place of Business  
**1660 W. HOSPITAL RD  
PAOLI, IN 47454**

Mailing Address  
**1660 W. HOSPITAL RD  
PAOLI, IN 47454**



01252008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-4335513**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	ELECTRICOM, INC
STREET ADDRESS	1660 W. HOSPITAL RD
CITY-ST-ZIP	PAOLI, IN 47454
TITLE	MGR
NAME	BUSENBURG, MICHAEL S
STREET ADDRESS	RR 1 BOX 974
CITY-ST-ZIP	LINTON, IN 47441
TITLE	MGR
NAME	LAMBERT, NANCY
STREET ADDRESS	5674 S CO RD 640 E
CITY-ST-ZIP	HARDINSBURG, IN 47125
TITLE	MGR
NAME	VINCENT, WILLIAM L
STREET ADDRESS	1150 S UNIONVILLE ROAD
CITY-ST-ZIP	PAOLI, IN 47454
TITLE	MGR
NAME	PAYTON, JEREMY W
STREET ADDRESS	2026 W WILLOW CREEK RD
CITY-ST-ZIP	PAOLI, IN 47454
TITLE	MGR
NAME	RANARD, RICHARD W
STREET ADDRESS	PO BOX 236
CITY-ST-ZIP	ELLETTSVILLE, IN 47429

000000852242  
03/26/08-80019-025 138.75

**DO NOT WRITE  
IN THIS SPACE**

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

3/5/08

812-723-2626

Date

Daytime Phone #