

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000007305

FILED  
Jun 15, 2009  
Secretary of State

**Entity Name:** SEQUEL ELECTRICAL SUPPLY, LLC

**Current Principal Place of Business:**

905 22ND AVENUE, 2ND FLOOR  
MERIDIAN, MS 39301

**New Principal Place of Business:**

2401 HWY 39  
MERIDIAN, MS 39301

**Current Mailing Address:**

905 22ND AVENUE, 2ND FLOOR  
MERIDIAN, MS 39301

**New Mailing Address:**

P.O. BOX 3579  
MERIDIAN, MS 39303

**FEI Number:** 20-3943794

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FULLERTON, JON O  
2201 NW CORPORATE BLVD., STE. 108  
BOCA RATON, FL 33431 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: MERSON, ROBERT  
Address: 2201 NW CORPORATE BLVD., STE. 108  
City-St-Zip: BOCA RATON, FL 33431

Title: MGR ( ) Delete  
Name: JONES, E. LEWIS  
Address: 901 SYCAMORE STREET  
City-St-Zip: GREENWOOD, MS 38930

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: MOSELEY, LEE  
Address: 2401 HWY 39  
City-St-Zip: MERIDIAN, MS 39301

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: LEE MOSELEY

COO

06/15/2009

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