

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90033 006 \*\*\*\*50.00

**DOCUMENT # M97000000845**

1. Entity Name  
**ENERGY DISPATCH, LLC**



Principal Place of Business  
**300 TECHNOLOGY COURT, SUITE 400  
SMYRNA, GA 30082**

Mailing Address  
**PO BOX 105554  
ATTN: TAX DEPARTMENT  
ATLANTA, GA 30348-5554**

**20038995**



2. Principal Place of Business  
**3225 Cumberland Blvd.**

3. Mailing Address  
**3225 Cumberland Blvd.**

Suite, Apt. #, etc.  
**Ste. 100**

Suite, Apt. #, etc.  
**Ste. 100**

City & State  
**Atlanta GA**

City & State  
**Atlanta GA**

Zip  
**30339**

Country  
**USA**

Zip  
**30339**

Country  
**USA**

03222006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**58-2355217**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

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

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BOLCH, SUSAN	
STREET ADDRESS	300 TECHNOLOGY COURT	
CITY-ST-ZIP	SMYRNA, GA	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BOLCH MORAN, ALLISON	
STREET ADDRESS	300 TECHNOLOGY COURT	
CITY-ST-ZIP	SMYRNA, GA 30082	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LENKER, MAX	
STREET ADDRESS	300 TECHNOLOGY COURT, SUITE 400	
CITY-ST-ZIP	SMYRNA, GA 30082	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DUMBACHER, ROBERT J	
STREET ADDRESS	300 TECHNOLOGY COURT, SUITE 400	
CITY-ST-ZIP	SMYRNA, GA 30082	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	CZAJA, CLAUDE P	
STREET ADDRESS	300 TECHNOLOGY COURT, STE. 400	
CITY-ST-ZIP	SMYRNA, GA 30082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OK</b>
STREET ADDRESS	<b>3225 Cumberland Blvd, Ste. 100</b>
CITY-ST-ZIP	<b>Atlanta GA 30339</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OK</b>
STREET ADDRESS	<b>3225 Cumberland Blvd, Ste. 100</b>
CITY-ST-ZIP	<b>Atlanta GA 30339</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OK</b>
STREET ADDRESS	<b>3225 Cumberland Blvd, Ste. 100</b>
CITY-ST-ZIP	<b>Atlanta GA 30339</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OK</b>
STREET ADDRESS	<b>3225 Cumberland Blvd, Ste. 100</b>
CITY-ST-ZIP	<b>Atlanta GA 30339</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MGRM GURA, PHILIP P.</b>
STREET ADDRESS	<b>3225 Cumberland Blvd, Ste. 100</b>
CITY-ST-ZIP	<b>Atlanta GA 30339</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:**

*Robert J. Dumbacher*

**ROBERT J. DUMBACHER**

**4/25/06**

**(770) 431-7600  
x.1188**

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

Date

Daytime Phone #