

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000096066

Entity Name: AUBREY ELECTRIC LLC

FILED
Mar 31, 2009
Secretary of State

Current Principal Place of Business:

1555 PENTON ROAD
MILTON, FL 32570

New Principal Place of Business:

Current Mailing Address:

1555 PENTON ROAD
MILTON, FL 32570

New Mailing Address:

FEI Number: 22-3969011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENTON, AUBREY C MGR
1555 PENTON ROAD
MILTON, FL 32570 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: PENTON, AUBREY C
Address: 1555 PENTON ROAD
City-St-Zip: MILTON, FL 32570

Title: MGR () Delete
Name: PENTON, KATHERINE D
Address: 1555 PENTON ROAD
City-St-Zip: MILTON, FL 32570

Title: S () Delete
Name: PENTON, KATHERINE D
Address: 1555 PENTON ROAD
City-St-Zip: MILTON, FL 32570

Title: T () Delete
Name: PENTON, AUBREY C
Address: 1555 PENTON ROAD
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES:

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

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

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

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

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: AUBREY C PENTON

MGR

03/31/2009

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