

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045521

Entity Name: ELECTRICIANS' SUCCESS INTERNATIONAL, LLC**Current Principal Place of Business:**50 CENTRAL AVENUE
SUITE 920
SARASOTA, FL 34236**Current Mailing Address:**50 CENTRAL AVENUE
SUITE 920
SARASOTA, FL 34236**FEI Number:** 35-2220057**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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

Authorized Person(s) Detail :

Title	MGR
Name	CLOCKWORK, INC.
Address	50 CENTRAL AVENUE, SUITE 920
City-State-Zip:	SARASOTA FL 34236

Title	P, D
Name	BOOSE, SCOTT
Address	50 CENTRAL AVENUE, SUITE 920
City-State-Zip:	SARASOTA FL 34236

Title	T,VP
Name	MCMAHON, PATRICK
Address	50 CENTRAL AVENUE, SUITE 920
City-State-Zip:	SARASOTA FL 34236

Title	D
Name	KIPP, DANIEL W
Address	50 CENTRAL AVENUE, SUITE 920
City-State-Zip:	SARASOTA FL 34236

Title	SECRETARY
Name	PARÉ, JOHN
Address	50 CENTRAL AVENUE SUITE 920
City-State-Zip:	SARASOTA FL 34236

Title	VP
Name	REYNOLDS, JEFFREY A
Address	50 CENTRAL AVENUE SUITE 920
City-State-Zip:	SARASOTA FL 34236

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN PARÉ**SECRETARY****04/25/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date