

**2025 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M24000009455

**Entity Name:** WORLD ELECTRIC SUPPLY, LLC

**Current Principal Place of Business:**

11010 NW 30TH STREET  
SUITE 106  
DORAL, FL 33172

**Current Mailing Address:**

11010 NW 30TH STREET  
SUITE 106  
DORAL, FL 33172 US

**FEI Number: 51-0389582**

**Certificate of Status Desired: No**

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

PITALUGA HERNANDEZ, YOSJAN  
11010 NW 30TH STREET  
SUITE 106  
DORAL, FL 33172 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:** YOSJAN PITALUGA HERNANDEZ

11/04/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title SECRETARY  
Name BRUHN, PETER  
Address ATTN: LEGAL  
4400 LEEDS AVENUE SUITE 500  
City-State-Zip: CHARLESTON SC 29405

Title DIRECTOR  
Name TAYLOR, ROBERT  
Address ATTN: LEGAL  
4400 LEEDS AVENUE SUITE 500  
City-State-Zip: CHARLESTON SC 29405

Title DIRECTOR  
Name BRUHN, PETER  
Address ATTN: LEGAL  
4400 LEEDS AVENUE SUITE 500  
City-State-Zip: CHARLESTON SC 29405

Title PRESIDENT  
Name LIVERS, TAMMY  
Address 569 STUART LANE  
City-State-Zip: JACKSONVILLE FL 32254

Title TREASURER  
Name PREBOLA, KRISTOPHER  
Address 569 STUART LANE  
City-State-Zip: JACKSONVILLE FL 32254

Title DIRECTOR  
Name PREBOLA, KRISTOPHER  
Address 569 STUART LANE  
City-State-Zip: JACKSONVILLE FL 32254

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PETER BRUHN

**SECRETARY**

11/04/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date