

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000040848

**FILED**  
**Jan 16, 2008**  
**Secretary of State**

**Entity Name:** REEDER COOLING AND HEATING, LLC

**Current Principal Place of Business:**

3609 NW 4TH COURT  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

4111 WINDMILL PALM WAY  
GREENACRES, FL 33463 US

**Current Mailing Address:**

3609 NW 4TH COURT  
BOCA RATON, FL 33431 US

**New Mailing Address:**

4111 WINDMILL PALM WAY  
GREENACRES, FL 33463 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: MGRM ( ) Delete  
Name: REEDER, RICHARD L  
Address: 3609 NW 4TH COURT  
City-St-Zip: BOCA RATON, FL 33431 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: REEDER, RICHARD L  
Address: 4111 WINDMILL PALM WAY  
City-St-Zip: GREENACRES, FL 33463 US

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: RICHARD L. REEDER                      MGRM                      01/16/2008

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