2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000024185

SANDS HEATING A/C & BOILER SERVICE, LLC



FILED Jan 17, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1613 HAMMOCK ROAD JACKSONVILLE, FL 32218 1613 HAMMOCK ROAD JACKSONVILLE, FL 32218



01062008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number
	20-4435674

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

grafia de la compania de la compania

SANDS, ROGER C 1613 HAMMOCK ROAD JACKSONVILLE, FL 32218

the obligations of registered agent.

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

SIGNATURE.	Koger c. Sands Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	1-11-08
	NOW!!! FEE IS \$138,75 y 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		Control of Control
TITLE	MGR		and specify the first the entity of the first specific sp
NAME	SANDS, ROGER C		and the second of the second o
STREET ADDRESS	1613 HAMMOCK ROAD		
CITY-ST-ZIP	JACKSONVILLE, FL 32218		
TITLE			
NAME	•		

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

000000787874 01/18/08-80017-011 143.75

NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-7IP

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.

-11-08

OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE