


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # M02000000273

1. Entity Name
ROCK CITY MECHANICAL COMPANY, LLC ✓



Principal Place of Business Mailing Address

**2715 GRANDVIEW AVE.
 NASHVILLE, TN 37211** **P.O. BOX 40446
 NASHVILLE, TN 37204**

DO NOT WRITE IN THIS SPACE



01132006No Chg-LLC CR2E083 (11/05)

4. FEI Number 62-1857621	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

DO NOT WRITE IN THIS SPACE

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 the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEHBY, JOHN C 2715 GRANDVIEW AVE. NASHVILLE, TN 37211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEDLEN, LARRY H 2715 GRANDVIEW AVE. NASHVILLE, TN 37211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCOTT, ROBERT C 2715 GRANDVIEW AVE. NASHVILLE, TN 37211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LANIER, TONY J 2715 GRANDVIEW AVE. NASHVILLE, TN 37211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/15/06-80029-020 50.00

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.

SIGNATURE:  **1/23/06** **615-251-3045**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #