### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### DOCUMENT # M02000000273

1 Entity Name

ROCK CITY MECHANICAL COMPANY, LLC



FILED Feb 28, 2008 08:00 AM Secretary of State

Principal Place of Business

2715 GRANDVIEW AVE. NASHVILLE, TN 37211

Mailing Address

P.O. BOX 40446 NASHVILLE, TN 37204



02122008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 62-1857621 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331

## 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.
SI	IGNATURF

(NOTE. Registered Agent signature required when reinstaling)

#### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	WEHBY, JOHN C
STREET ADDRESS	2715 GRANDVIEW AVE.
CHY-SI-ZIP	NASHVILLE, TN 37211
TITLE	MGR
NAME	MEDLEN, LARRY H
STREET ADDRESS	2715 GRANDVIEW AVE.
CITY-ST-ZIP	NASHVILLE, TN 37211
TITLE	MGR
NAME	SCOTT, ROBERT C
STREET ADDRESS	2715 GRANDVIEW AVE.
CITY-ST-ZIP	NASHVILLE, TN 37211
TITLE	
NAME	
STREET ADDRESS	
CITY-S1-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME.	<u> </u>
STREET ADDRESS	·
CITY-ST-ZIP	,
11. I hereby o	certify that the information supplied with this filling does not qualify for the exe

U00000842612 03/11/08-80038-002 138.75

# DO NOT WRITE IN THIS SPACE

Spill Water Spill Confidence

Half beside pure the court of contact in the term of the first contact in the con

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/12/08 Date 615-251-3045

Daytime Phone #