

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000004919	
1. Entity Name A-1 RADIATOR & A/C, L.L.C.	

Principal Place of Business
**4715 US HWY 1
FORT PIERCE, FL 34982**

Mailing Address
**4715 US HWY 1
FORT PIERCE, FL 34982**

DO NOT WRITE IN THIS SPACE

04302004 No Chg-LLC

CR2E063 (10/03)

4. FEI Number
65-1003607

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HENDERSON, MIDDLETON C III
580 SE SOLIDA CIRCLE
PORT ST LUCIE, FL 34983**

**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 _____

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

(NOTE: Registered Agent signature required when renewing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENDERSON, MIDDLETON C III 580 SE SOLIDA CIR PORT ST LUCIE, FL 34983
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 the report as required by Chapter 605, Florida Statutes.

SIGNATURE _____

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

Date

Daytime Phone #

4-20-04

772-465-4442