

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000002637

1. Entity Name
COMFORT TEMP, LLC



Principal Place of Business
**2213 ANDREA LN. STE 106
FORT MYERS, FL 33912 US**

Mailing Address
**2213 ANDREA LN. STE 106
FORT MYERS, FL 33912 US**



03222006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3591865

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**WRIGHT, RICHARD F
17412 FUCHSIA RD.
FORT MYERS, FL 33912**

**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 reinstating)

DATE

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

**1100000515980
04/29/06-80233-006 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
WILSON, R. REED
15110 INTRACOASTAL
FORT MYERS, FL 33908**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WRIGHT, RICHARD F
17412 FUCHSIA RD.
FORT MYERS, FL 33912**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

Date

Daytime Phone #

**239-
4-11-06 432-1500**