
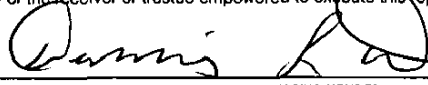


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90125 016 ***143.75

DOCUMENT # L03000007400 1. Entity Name DUNNS AIR CONDITIONING AND REFRIGERATION, LLC					
Principal Place of Business 6250 EDGEWATER DRIVE SUITE 2900 ORLANDO, FL 32810			Mailing Address 6250 EDGEWATER DRIVE SUITE 2900 ORLANDO, FL 32810		
2. Principal Place of Business - No P.O. Box # 3648 SILVER STAR RD Suite, Apt. #, etc.		3. Mailing Address 3648 SILVER STAR RD. Suite, Apt. #, etc.			
City & State ORLANDO FLA		City & State ORLANDO, FLA		4. FEI Number 04-3745206	
Zip 32808		Country ORANGE		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent COHEN, DAVID S 5728 MAJOR BOULEVARD SUITE 550 ORLANDO, FL 32819				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUNN, DENNIS L 6250 EDGEWATER DR., SUITE 2900 ORLANDO, FL 32810			TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
MGR DUNN, DENNIS L 3648 SILVER STAR RD ORLANDO, FL 32808			MGR DUNN, DENNIS L 3648 SILVER STAR RD ORLANDO, FL 32808		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 				Date 3-12-08 Daytime Phone # 407 383 0904	