

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011001

FILED  
Aug 31, 2009  
Secretary of State

Entity Name: NAPLES AIR CONDITIONING LLC

**Current Principal Place of Business:**

2880 14TH STREET N  
NAPLES, FL 34103 US

**New Principal Place of Business:**

**Current Mailing Address:**

2880 14TH STREET N  
NAPLES, FL 34103 US

**New Mailing Address:**

FEI Number: 54-2100568      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

THIEL, CRAIG R  
2880 14TH STREET N  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: THIEL, CRAIG R  
Address: 2880 14TH STREE N  
City-St-Zip: NAPLES, FL 34103 US

Title: MGRM ( ) Delete  
Name: THIEL, DALE F  
Address: 2880 14TH STREE N  
City-St-Zip: NAPLES, FL 34103 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: THIEL, CRAIG R  
Address: 2880 14TH STREET N  
City-St-Zip: NAPLES, FL 34103 US

Title: MGRM (X) Change ( ) Addition  
Name: THIEL, DALE F  
Address: 2880 14TH STREET N  
City-St-Zip: NAPLES, FL 34103 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CRAIG R. THIEL

MGRM

08/31/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date