

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000016495

1. Entity Name  
COOL BREEZE ENGINEERING LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUL 19 AM 9:45

67/19/04

Principal Place of Business  
455 TROUT RIVER DR.  
JACKSONVILLE, FL 32208

Mailing Address  
14212 GOSSETT ROAD  
JACKSONVILLE, FL 32218

2. Principal Place of Business  
455 Trout River DR  
Suite, Apt. #, etc.

3. Mailing Address  
SAME  
Suite, Apt. #, etc.



07192004 Chg-LLC CR2E083 (10/03)

City & State  
JACKSONVILLE, FL

City & State  
SAME

4. FEI Number  
36-1530 406

Applied For  
Not Applicable

Zip  
32208

Country  
DUAL

Zip  
Country

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

6. Name and Address of Current Registered Agent

RICKETTS, JACK F.  
14212 GOSSETT ROAD  
JACKSONVILLE, FL 32218

7. Name and Address of New Registered Agent

Name  
N/A  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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 Jack F. Ricketts JACK F. RICKETTS owner July 19, 2004  
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00  
Due by September 8, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE owner ☐ Delete  
NAME JACK F RICKETTS  
STREET ADDRESS 455 TROUT RIVER DR  
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Jack F. Ricketts owner  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7-19-04 (904) 608-5014  
Date Daytime Phone #