

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000028537

1. Entity Name
PAT'S PUMP & BLOWER, L.L.C.



Principal Place of Business
630 WEST CHURCH STREET
ORLANDO, FL 32805

Mailing Address
630 WEST CHURCH STREET
ORLANDO, FL 32805



02062008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3769717

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FINKBEINER, FRANK G ESQ.
108 E. HILLCREST STREET
ORLANDO, FL 32801

**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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000821377
02/19/08-90022-009 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FENDER, KEVIN A
1775 DRULINER ROAD
ST. CLOUD, FL 34771

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FENDER, PATRICK A
10494 STEVEN DR.
POLK CITY, FL 33868

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LE, MAN T
1793 DERBY GLEN DR
ORLANDO, FL 32837

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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: Kevin A Fender KEVIN A FENDER

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

2/6/08 800-359-7867

Date

Daytime Phone #