

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032945

FILED
Jan 06, 2006
Secretary of State

Entity Name: INDOOR AIR QUALITY MANAGEMENT SOUTHEAST, LLC

Current Principal Place of Business:

3414 WEST LYKES AVENUE
TAMPA, FL 33609

New Principal Place of Business:

5212 W. TYSON AVE
TAMPA, FL 33611

Current Mailing Address:

3414 WEST LYKES AVENUE
TAMPA, FL 33609

New Mailing Address:

FEI Number: 83-0383317 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HAYNES, TERRY M
3414 WEST LYKES AVENUE
TAMPA, FL 33609 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: SIMMS, WILLIAM V MGRM
Address: 3414 LYKES AVE.
City-St-Zip: TAMPA, FL 33609 US

Title: MGRM () Delete
Name: HAYNES, TERRY M MGRM
Address: 3414 LYKES AVE
City-St-Zip: TAMPA, FL 33609 US

Title: MGRM () Delete
Name: CURRIE, WILLIAM MGRM
Address: 5814 N. DALE MABRY
City-St-Zip: TAMPA, FL 33614 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TERRY MEBANE HAYNES

MGRM

01/06/2006

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