



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 02, 2007 08:00 AM
Secretary of State**

DOCUMENT # L03000035453		
1. Entity Name SPRINGER BROTHERS AIR CONDITIONING AND HEATING, LLC		
Principal Place of Business 5927 STATE RD. 542 W. WINTER HAVEN, FL 33880 US		Mailing Address 5927 STATE RD. 542 W. WINTER HAVEN, FL 33880 US
DO NOT WRITE IN THIS SPACE		
		
01082007 No Chg-LLC CR2E083 (11/05)		
4. FEI Number 20-0231873		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		
WALKER, STEPHEN D 1048 E. OLEANDER ST. LAKELAND, FL 33801		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALKER, STEPHEN D 1048 EAST OLEANDER STREET LAKELAND, FL 33801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPRINGER, JOSEPH E 5927 S.R. 542 WINTER HAVEN, FL 33880	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALKER, MATTHEW 1048 EAST OLEANDER STREET LAKELAND, FL 33801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,T FREEMAN, HEATHER 1048 EAST OLEANDER STREET LAKELAND, FL 33801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Joseph E. Springer</u> JOSEPH E. SPRINGER		Date <u>2-1-07</u> (863) 967-0449
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>