

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90068 016 ****50.00

DOCUMENT # **L03000039908**

1. Entity Name
**ALTERNATIVE REFRIGERATION
TECHNOLOGIES, LLC**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7378 OAKRIDGE LOOP
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 597
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
GLEN ST. MARY, FL
Zip
32040
Country
USA

City & State
MACLENNY, FLA
Zip
32063
Country
USA

4. FEI Number
20-0347684
Applied For
☐ Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
EMIL CLAYTON LYONS

Street Address (P.O. Box Number is Not Acceptable)

106 WEST BLVD NORTH

City
MACLENNY **FL** Zip Code
32063

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

Emil Clayton Lyons
Signature, typed or printed name of registered agent and title if applicable.

3/26/04
DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
MANAGING MEMBER
NAME
JOHN B MILLER
STREET ADDRESS
417 MORNING GLORY LN. N.
CITY-ST-ZIP
JACKSONVILLE, FL 32259

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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:

John B Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/26/04 **904-394-7249**
Date Daytime Phone #

CR2E083B (12/02)