

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT¹**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000042789 1. Entity Name OPTIMA HVAC, L.L.C.	
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Principal Place of Business 6041 SIESTA LANE PORT RICHEY, FL 34668	Mailing Address 6041 SIESTA LANE PORT RICHEY, FL 34668
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04282005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2407803	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

JENSEN, STEVEN R
6041 SIESTA LANE
PORT RICHEY, FL 34668

**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 _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$50.00
Due by May 1, 2005**

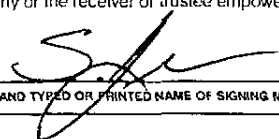
U000000355715

05/04/05-80006-007 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JENSEN, STEVEN R 6041 SIESTA LANE PORT RICHEY, FL 34668
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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/28/05 727-842-9977
Date Daytime Phone #