

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044705

FILED
Apr 04, 2005
Secretary of State

Entity Name: HICKMAN'S HEATING AND AIR CONDITIONING, LLC

Current Principal Place of Business:

3010 WEST BEAVER ST.
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

8721 KAYE LANE
JACKSONVILLE, FL 32244

New Mailing Address:

FEI Number: 20-0400260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STONEBURNER, GRESHAM R
841 PRUDENTIAL DR, STE 1400
JACKSONVILLE, FL 32207 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/MEMBERS:

Title: MGRM () Delete
Name: HICKMAN, MICHAEL S MR
Address: 8721 KAYE LANE
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: MGRM () Delete
Name: HICKMAN, WENDY C MRS.
Address: 8721 KAYE LANE
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: MGR () Delete
Name: HICKMAN, CHARLES G MR.
Address: 8721 KAYE LANE
City-St-Zip: JACKSONVILLE, FL 32244 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 Section 119.07(3)(i), 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: WENDY C. HICKMAN

MGRM

04/04/2005

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