

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90150 040 *****55.00

DOCUMENT # L03000045334

1. Entity Name

TEMPERATURE CONTROL A/C, LLC



Principal Place of Business

10 S LEONARDI STREET
ST. AUGUSTINE FL 32084
US

Mailing Address

10 S LEONARDI STREET
ST. AUGUSTINE FL 32084
US

2. Principal Place of Business

10 South Leonard St.

3. Mailing Address

10 South Leonard St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



1st MOORE

CR2E083 (10/04)

City & State

St Augustine FL 32084

City & State

St Augustine FLA.

Zip

32084

Country

USA

Zip

32084

Country

USA

4. FEI Number

55-0853614

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADAMS, JAMES C
10 S LEONARDI STREET
ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
ADAMS, JAMES C
10 S. LEONARDI ST.
ST. AUGUSTINE FL 32084

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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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: *James C Adams*

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

Date

Daytime Phone #

JAMES C. ADAMS

904-8244647

JAN 25, 2005 904-315-6797