

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90068 042 \*\*\*\*55.00

**DOCUMENT # L03000045334**

1. Entity Name

TEMPERATURE CONTROL A/C, LLC



Principal Place of Business

10 SOUTH LEONARDI STREET  
SAINT AUGUSTINE FL 32084  
US

Mailing Address

10 SOUTH LEONARDI STREET  
SAINT AUGUSTINE FL 32084  
US

2. Principal Place of Business

10 South Leonardi St.

3. Mailing Address

10 South Leonardi St.

City & State

St Augustine FL  
Zip Country  
32084 USA

City & State

St Augustine FL  
Zip Country  
32084 USA

1st MOORE

CR2E083 (10/05)

4. FEI Number

55-0853614

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$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, 2006**

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM  
NAME ADAMS, JAMES C  
STREET ADDRESS 10 S. LEONARDI ST.  
CITY-ST-ZIP ST. AUGUSTINE FL 32084

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 Section 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:**

*James C Adams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #