

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90150 007 ****50.00

DOCUMENT # L03000045425		
1. Entity Name GATEWAY HEATING AND AIR, LLC		

Principal Place of Business 1443 SE LOQUAT WAY LAKE CITY, FL 32025 US	Mailing Address 1443 SE LOQUAT WAY LAKE CITY, FL 32025 US
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2. Principal Place of Business <u>Home</u>	3. Mailing Address <u>1443 SE LOQUAT way</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <u>LAKE CITY FLA</u>	City & State <u>LAKE CITY FLA</u>
Zip <u>32025</u>	Zip <u>32025</u>
Country <u>COLUMBIA</u>	Country <u>COLUMBIA</u>



04162004 Chg-LLC CR2E083 (10/03)

* FEI Number <u>65-1214217</u>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent REGISTER, KELLY S 1443 SE LOQUAT-WAY LAKE CITY, FL 32025	
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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.
 X SIGNATURE Kelly S. Register DATE 4-20-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REGISTER, KELLY S 1443 SE LOQUAT WAY LAKE CITY, FL 32025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REGISTER, VICKIE R 1443 SE LOQUAT WAY LAKE CITY, FL 32025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Kelly S. Register DATE 4-20-04 DAYTIME PHONE # 386-758-9234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SECTION 9. You must identify the workers' compensation insurance carrier that covers any non-exempt employees of your business. **Carrier Name:** _____

AFFIDAVIT OF APPLICANT: I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief; that this election does not exceed exemption limits for corporate officers, including any affiliated corporations as provided in §440.02 Florida Statutes; and that any non-exempt employees of the corporation or limited liability company (LLC) identified in section 3 of this notice are covered by workers' compensation insurance.

Kelly S. Register
 TYPE/PRINT NAME OF PERSON APPLYING FOR EXEMPTION

261 / 51 / 6016
 SOCIAL SECURITY NUMBER

Kelly S. Register
 APPLICANT'S SIGNATURE

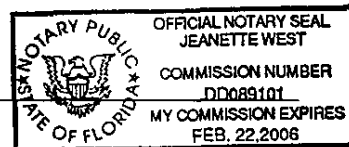
4-20-04
 DATE SIGNED

NOTARY STATE OF FLORIDA, COUNTY OF Columbia

Sworn to and subscribed before me this 20th day of April, 2004, by Kelly S. Register

Personally Known ☒ OR Produced Identification _____ Type of Identification
 Produced _____

NOTARY SIGNATURE Jeanette West My Commission Expires _____



Please submit this completed form, along with any attachments and a \$50.00 application fee (construction industry applicants only) payable to the W.C. Administration Trust Fund, to the District Office listed below that is closest to your

12381 S. Cleveland Ave.
 Suite #506
 Ft. Myers FL 33907
 Telephone (239) 278-7239

921 N. Davis St.
 Building B, Suite #250
 Jacksonville, FL 32209
 Telephone (904) 798-5806

401 NW 2nd Ave.
 Suite #321 South Tower
 Miami FL 33128
 Telephone (305) 536-0306

1111 NE 25th Ave.
 Suite #403
 Ocala FL 34470
 Telephone (352) 401-5350

400 West Robinson St.
 Room #211 North Tower
 Orlando FL 32801
 Telephone (407) 245-0896

2686 Chapman Dr.
 Panama City FL 32405
 Telephone (850) 747-5425

610 E. Burgess Road
 Pensacola, FL 32504-6320
 Telephone (850) 453-7804

499 Northwest 70th Avenue
 Suite #116
 Plantation FL 33317
 Telephone (954) 321-3143 or
 (954) 321-3160

1718 Main St.
 Suite #201
 Sarasota FL 34236
 Telephone (941) 361-6022

2012 Capital Circle SE
 Suite #102 Hartman Bldg.
 Tallahassee FL 32399-2161
 Telephone (850) 414-1237 or
 (850) 488-2717

9215 N. Florida Ave.
 Suite #107
 Tampa FL 33612
 Telephone (813) 930-7558

3111 South Dixie Hwy.
 Suite #123
 West Palm Beach FL 33405
 Telephone (561) 837-5412

place of business.

STATE USE ONLY

Effective/Issue Date:

Expiration Date:

Control Number:

Postmark Date:

Received Date:

THIS APPLICATION IS CONTINUED FROM THE REVERSE SIDE