


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90132 032 ****55.00

DOCUMENT # L03000045564	
1. Entity Name J-C AIR CONDITIONING LLC	

Principal Place of Business C/O JEAN-CLAUDE DORSAINVIL 3120 NW 88TH AVE #101 SUNRISE FL 33351	Mailing Address C/O JEAN-CLAUDE DORSAINVIL 3120 NW 88TH AVE #101 SUNRISE FL 33351
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MOORE CR2E083 (4/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 542074310	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DORSAINVIL, JEAN-CLAUDE 3120 NW 88TH AVE #101 SUNRISE FL 33351	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DORSAINVIL, JEAN-CLAUDE 3120 NW 88TH AVE #101 SUNRISE FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Jean Claude Dorsainvil* **9-8-04** **954-572-8956**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #