2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045564

Entity Name: J-C AIR CONDITIONING LLC

FILED Feb 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: C/O JEAN-CLAUDE DORSANINVIL 3120 NW 88TH AVE #101 SUNRISE, FL 33351 **New Mailing Address: Current Mailing Address:** C/O JEAN-CLAUDE DORSANINVIL 3120 NW 88TH AVE #101 SUNRISE, FL 33351 FEI Number: 54-2074310 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: DORSAINVIL, JEAN-CLAUDE DORSAINVIL, JEAN-CLAUDE 3120 NW 88TH AVE #101 3120 NW 88TH AVE #101 SUNRISE, FL 33351 SUNRISE, FL 33351 US 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: 02/23/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete DORSAINVIL, JEAN-CLAUDE Name: Name: Address: 3120 NW 88TH AVE #101 Address: City-St-Zip: SUNRISE, FL 33351 City-St-Zip: () Change (X) Addition Title: Title: MGRM () Delete Name: Name: DORSAINVIL, JEAN-CLAUDE Address: Address: 3120 NW 88 AVE APT 101 City-St-Zip: City-St-Zip: SUNRISE, FL 33351 Title: () Delete Title: MGRM () Change (X) Addition DORSAINVIL, JEAN-CLAUDE Name: Name: 3120 NW 88 AVE APT 101 Address: Address: City-St-Zip: City-St-Zip: SUNRISE, FL 33351 () Change (X) Addition Title: () Delete Title: MGRM Name: Name: DORSAINVIL, JEAN-CLAUDE 3120 NW 88 AVE APT 101 Address: Address: City-St-Zip: City-St-Zip: SUNRISE, FL 33351 Title: () Delete Title: MGRM () Change (X) Addition DORSAINVIL, JEAN-CLAUDE Name: Name: 3120 NW 88 AVE APT 101 Address: Address: City-St-Zip: City-St-Zip: SUNRISE, FL 33351 Title: () Delete Title: () Change (X) Addition DORSAINVIL, JEAN-CLAUDE Name: Name: Address: Address: 3120 NW 88 AVE APT 101 SUNRISE, FL 33351 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DORSAINVIL, JEAN-CLAUDE MGRM 02/23/2009