## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT



## FILED Jul 12, 2005 8:00 am Secretary of State

1. Entity Name WINTON SUBER HEATING AND AIR CONDITIONING LLC						07-12-2005 90015 046 ****55.00				
Principal Place of Business 1002 W. FRANKLIN STREET QUENCY, FL 32351 US			Mailing Address 1002 W. FRANKLIN STREET QUINCY, FL 32351 US							
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			07072005	Chg-LLC	CR2E083	(10/03)	
City & State			City & State			FEI Number	195910			plied For t Applicable
Zip	Zip Country		Zip	Country		5. Certificate	of Status Desired		5.00 Add e Require	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
SUBER, WINTON 1002 W. FRANKLIN STREET QUINCY, FL 32351					Street Address (P.O. Box Number is Not Acceptable)					
			City					FL	Zip Code	e
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: Sgrature, typed or protect name of registreed agent and title ( applicable. (NOTE: Registered Agent agenture required when remaining) OATE										
Filing Fee is \$50.00 Due by September 7, 2005								e check pay Departmen		
9.		MANAGING MEMBEI	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE S	MGRM SUBER, V	WINTON	□ Delete	TITL				C	] Change	Addition
STREET MOORESS		FRANKLIN STREET FL 32351			ET ADORESS -ST-ZIP					
TITLE NAME STREET ADDRESS			□ Delette	TITLI NAM STRE				[	] Change	Addition
CITY-SI-ZIP		<del> </del>	☐ Delete	מוזץ.	-ST-ZEP			[	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP					E Et adoress -St-ZBP					
TITLE			C Delete	TILL					] Change	Addition
NAME Street Address City-St-Zip					E Et adoress -st-zip					
TITLE		***	☐ Delete	TITL			<del></del>		Change	Addition
NAME Street Adoress City-St-Zip					t et adoress -st-2p					
TITLE NAME			Delete	TITEL					Change	Addition
STREET ADDRESS	1			STRE	ET ADDRESS					
CITY-ST-ZIP				CITY	-SI-20P					

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

AGING MEMBRISH, MAMAGER, OR AUTHORIZED REPRESENTATIVE