

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000046468

1. Entity Name
GRAY'S HEATING AND COOLING, LLC



Principal Place of Business

**7106 DIANE LANE
PANAMA CITY, FL 32404**

Mailing Address

**7106 DIANE LANE
PANAMA CITY, FL 32404**

DO NOT WRITE IN THIS SPACE



04112005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3262686

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRAY, DON L
7106 DIANE LANE
PANAMA CITY, FL 32404**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
GRAY, DON L
7106 DIANE LANE
PANAMA CITY, FL 32404**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
GRAY, KEVIN B
7106 DIANE LANE
PANAMA CITY, FL 32404**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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05/02/05-80075-013.50.00

**DO NOT WRITE
IN THIS SPACE**

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: *Don Gray*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-12-05