

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90161 041 ****50.00

DOCUMENT # L03000047220

1. Entity Name

HOME COMFORT INDUSTRIES, LLC



Principal Place of Business

1033 ARRAN ROAD
CRAWFORDVILLE FL 32327

Mailing Address

1033 ARRAN ROAD
CRAWFORDVILLE FL 32327

2. Principal Place of Business

Home Comfort Industries
Suite, Apt. #, etc.

3. Mailing Address

1033 Arran Road
Suite, Apt. #, etc.

City & State

Crawfordville FL
Zip 32327 Country U.S.A.

City & State

Crawfordville FL
Zip 32327 Country U.S.A.

4. FEI Number

90-0123796

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

QUIGG, DOUGLAS W
1033 ARRAN ROAD
CRAWFORDVILLE FL 32327

7. Name and Address of New Registered Agent

Name

DOUGLAS W. QUIGG

Street Address (P.O. Box Number is Not Acceptable)

1033 Arran Road

City

CRAWFORDVILLE

FL

Zip Code

32327

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

Douglas W. Quigg

Signature, typed or printed name of registered agent and title if applicable

(Typed) Registered Agent signature (required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete
NAME QUIGG, DOUGLAS W
STREET ADDRESS 1033 ARRAN ROAD
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **NONE**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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: DOUGLAS W. QUIGG Douglas W. Quigg

02/14/05 (850) 926-5790

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

Date

Daytime Phone #