2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L03000048218 Jan 22, 2007 08:00 AM 1. Entity Name Secretary of State BILL HOLLAND HEATING & AIR CONDITIONING, LLC Principal Place of Business Mailing Address 3259 ROBINHOOD ROAD TALLAHASSEE FL 32312 3259 ROBINHOOD ROAD TALLAHASSEE FL 32312 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apl. #, etc. Suito, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State Applied For 4. FEI Number 26-1867556 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOLLAND, WILLIAM B JR. Street Address (P.O. Box Number is Not Acceptable) 3259 ROBINHOOD ROAD TALLAHASSEE FL 32312 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, typed or printed name of registered agent and life I applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. BILE Change Addition **MGRM** ☐ Defele THRE NAME. NAME HOLLAND, WILLIAM B JR. U00000595474 STREET LADDRESS 3259 ROBINHOOD ROAD STREET ADDRESS n1/23/07-80036-023 50.00 CHY-SI-ZIP CITY-ST-7iP TALLAHASSEE FL 32312 ☐ Defete ☐ Change ☐ Addition HILL TIME NAME. NAM STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-S1-7/P mu Delete IIII. ☐ Change Addition NAML NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP City Si Zir TITLE Delete TITLE ☐ Change ☐ Addillon NAMI NAMI STREET ADDRESS STREELADDRESS CHY-ST-ZIP CITY-S1-7IP ЩЦ ☐ Delete ■ Addition TITLE ☐ Change NAMU NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-7P Change Delete Addition NAME NAME STREET ADDRESS STRUET ADDRESS CHY-SI-7IP CITY-ST-7/P 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath, 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.

FILED