

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000050379

1. Entity Name

HARVEY'S HEATING AND AIR, LLC



Principal Place of Business

5340 COUNTY RD 209 SOUTH
GREEN COVE SPRINGS, FL 32043

Mailing Address

5340 COUNTY RD 209 SOUTH
GREEN COVE SPRINGS, FL 32043

DO NOT WRITE IN THIS SPACE



01082007No Chg-LLC

CR2E083 (11/05)

4. FEI Number

41-2198581

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARVEY, WALTER R
5340 COUNTY RD 209 SOUTH
GREEN COVE SPRINGS, FL 32043

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME HARVEY, WALTER R
STREET ADDRESS 5340 COUNTY RD 209 SOUTH
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE MGRM
NAME HARVEY, DOT
STREET ADDRESS 5340 COUNTY RD 209 SOUTH
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE MGRM
NAME HARVEY, ROGER
STREET ADDRESS 5340 COUNTY RD 209 SOUTH
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE MGRM
NAME HARVEY, DONALD L SR
STREET ADDRESS 5340 COUNTY RD 209 SOUTH
CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000581279
01/10/07-80080-023 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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:

Walter R. Harvey, Mgr **WALTER R HARVEY MGR** 1-807 904-284-9081

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

Date

Daytime Phone #