SIGNATURE:

## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Jan 10, 2005 8:00 am **Secretary of State DOCUMENT # L03000050676** 01-10-2005 90053 018 \*\*\*\*50.00 DARRELL KORANDA REFRIGERATION & AC LLC Principal Place of Business Mailing Address 3022 ESSEX COURT 3022 ESSEX COURT SEBRING, FL 33870 SEBRING, FL 33870 Principal Place of Business 3022 Suite, Apt, #, etc. Suite, Apt. #, etc. 01062005 Chg-LLC CR2E083 (10/03) City & State 4. FEI Number Applied For ploriNo 65-1117036 PhNA Not Applicable \$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 KORANDA, DARRELL 3022 ESSEX COURT SEBRING, FL 33870 City Sebrine 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 Filing Fee Is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGR TITLE ☐ Delete TITLE ∑ Change ☐ Addition NAME KORANDA, DARRELL NAME 3022 Avery Court 3022 ESSEX COURT STREET ADDRESS STREET ADDRESS 33870-6816 SEBRING, FL 33870 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE 🗀 Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CETY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.

ANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 



## OFFICIAL NOTIFICATION

Highlands County E-911 501 S. Commerce Ave Sebring, Fl 33870 4/27/2004

Current Address: 3022 ESSEX CT New Address: 3022 AVERY CT Tax Id (Strap): C16342905000000690

Owner's Name KORANDA DARRELL O + KAY F 3022 ESSEX COURT SEBRING, FL 33870

Highlands County's Enhanced 911 System improves emergency response by Police, Fire and Ambulance. Effective August 1st 2004, the PHYSICAL SITE ADDRESS at which you live or own property will be changed as noted above. We recommend that you post this new number with 4" or 6" numbers for Residential or Commercial respectively, in a contrasting color on the assigned dwelling as soon as possible. Failure to display it could result in delays in mail delivery and response by emergency vehicles. Highlands County will notify the Post Office, Police, Utility Companies, Sprint Telephone Company, Fire and Ambulance Service that government records pertaining to the physical site address for your property has been changed. All you need to change is your mailing address on your personal mail and the Property Appraiser see attached form

The Post Office will deliver mail to the old addresses for ONE YEAR from the effective date giving you time to notify all agencies.

If you have any questions please feel free to give us a call at (863) 402-6715.

## Effective Date of Change August 1st 2004

|     | C. RAYMOND McINTYRE,   |                |
|-----|--|----------------|
|     | HIGHLANDS COUNTY PROPERTY APPRAISER  |                |
|     | 560 S. Commerce Avenue, Sebring, Fl. 33870   |                |
|     | ADDRESS CHANGE   |                |
|     | TAXID# C1634290500000069D  |                |
|     | TAX ID# <u>C1637490300000010</u>   |                |
|     |  |                |
|     | If you desire your Permanent Malling Address Changed, Please indicate the change below by returning this slip to this office. Please show the ex   | xact           |
|     | name of the Owner as listed on your Tax Statement. No change of address will be made if this form is not   |                |
|     | stened Koranda Darnell O + Kay F, 3022 Avery Ct. Schoring  |                |
|     | Koranda Parnell Otkay F, 3022 Avery CI, Jeoning  | <del>/</del> _ |
| •   | FL 33870 -68/6   | -              |
|     |  |                |
| ٠٠, | DATE 5-6-04 AUTHORIZED BY Danel O Koranto  |                |
|     | (SIGNATURE)  |                |
|     | to the second of |                |
|     |  |                |