


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90057 023 ****50.00

DOCUMENT # L03000050909 1. Entity Name HONEST AIR CONDITIONING & HEATING LLC	
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Principal Place of Business 3102 CHICKASAW AVENUE NORTH PORT, FL 34288	Mailing Address P.O. BOX 7807 NORTH PORT, FL 34287
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DO NOT WRITE IN THIS SPACE



01252005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 74-3110753	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WOODS, KEVIN R 3102 CHICKASAW AVENUE NORTH PORT, FL 34288
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**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 WOODS, KEVIN R 3102 CHICKASAW AVENUE NORTH PORT, FL 34288
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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: Kevin Woods 3-7-05 (941) 903-1746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #