
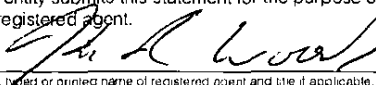


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90034 016 ****50.00

DOCUMENT # L03000050909			
1. Entity Name HONEST AIR CONDITIONING & HEATING LLC			
Principal Place of Business 3102 CHICKASAW AVENUE NORTH PORT FL 34288		Mailing Address P.O. BOX 7807 NORTH PORT FL 34287	
2. Principal Place of Business - No P.O. Box # 3102 CHICKASAW AVE		3. Mailing Address P.O. Box 7807	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NORTH Port, FL		City & State NORTH Port FL	
Zip 34288	Country USA	Zip 34287	Country USA
6. Name and Address of Current Registered Agent WOODS, KEVIN R 3102 CHICKASAW AVENUE NORTH PORT FL 34288		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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:  DATE: 4-15-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
		FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WOODS, KEVIN R 3102 CHICKASAW AVENUE NORTH PORT FL 34288 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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:


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

Date

Daytime Phone #

4-15-07 **941**
423-1746