


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000055064</b> 1. Entity Name <b>VIC FARRIS AIR CONDITIONING &amp; HEATING, LLC</b>		
Principal Place of Business      Mailing Address <b>02145 MYRTLE LAKE AVENUE</b> <b>02145 MYRTLE LAKE AVENUE</b> <b>FRUITLAND PARK FL 34731</b> <b>FRUITLAND PARK FL 34731</b> <b>US</b> <b>US</b>		
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	4. FEI Number      Applied For <b>34-2002074</b> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		



1st MOORE      CR2E083 (10/04)

<b>6. Name and Address of Current Registered Agent</b>  <b>JOHN VICTOR FARRIS</b> <b>02145 MYRTLE LAKE AVENUE</b> <b>FRUITLAND PARK FL 34731</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME	MGRM <input type="checkbox"/> Delete <b>FARRIS, JOHN VICTOR</b> STREET ADDRESS <b>02145 MYRTLE LAKE AVENUE</b> CITY - ST - ZIP <b>FRUITLAND PARK FL 34731</b>	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U00000195061</b> <b>01/26/05-80013-009 55.00</b>
TITLE NAME	MGRM <input type="checkbox"/> Delete <b>FARRIS, ELIZABETH ANN</b> STREET ADDRESS <b>02145 MYRTLE LAKE AVENUE</b> CITY - ST - ZIP <b>FRUITLAND PARK FL 34731</b>	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *John Victor Farris*      **1-20-05**      **352-787-8107**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #