FILED
Mar 17, 2008 8:00 am
Secretary of State

01-14-2008 90049 008 ****50.00
03-17-2008 90263 036 ****88.75

60015265

01072008 Chg-LLC CR2E083 (12/06)

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000055342

1. Entity Name
HERITAGE MECHANICAL SERVICES OF HIGH SPRINGS, L.L.C.

Principal Place of Business	Mailing Address
18407 NW 272ND TERRACE HIGH SPRINGS, FL 32643	23349 NW CR 236 STE 20 HIGH SPRINGS, FL 32643

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	23335 NW CR 236, Ste 10
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: High Springs, Fl
Zip / Country	Zip: 32643 / Country: USA

4. FEI Number: 20-0514715 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
COMLY, JOHN M
18407 NW 272ND TERRACE
HIGH SPRINGS, FL 32643

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	COMLY, JOHN M		NAME		
STREET ADDRESS	18407 NW 272ND TERRACE		STREET ADDRESS		
CITY-ST-ZIP	HIGH SPRINGS, FL 32643		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] 1-8-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #