

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90281 030 \*\*\*\*55.00

**DOCUMENT # L03000055851**

1. Entity Name

EASTERLING'S AIR CONDITIONING & HEATING, LLC



Principal Place of Business

616 NORTH PALM AVENUE  
KISSIMMEE FL 34741

Mailing Address

616 NORTH PALM AVENUE  
KISSIMMEE FL 34741

24014226



MOORE

CR2E083 (11/03)

2. Principal Place of Business

616 N Palm Ave.

Suite, Apt. #, etc.

City & State

Kissimmee, FL

Zip

34741

Country

Osceola

3. Mailing Address

616 N. Palm Ave

Suite, Apt. #, etc.

City & State

Kiss, FL 34741

Zip

34741

Country

USA

4. FEI Number

526-56-9016

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FITZGIBBONS & PFISTER P.L.  
20 SOUTH ROSE AVENUE  
SUITE 6  
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name

Jeanette G. Easterling

Street Address (P.O. Box Number is Not Acceptable)

616 N. Palm Ave.

Easterling's A/C & Heating

City

Kissimmee

FL

Zip Code

34741

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

Jeanette G. Easterling

Signature, typed or printed name of registered agent and title if applicable.

(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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME EASTERLING, JEANETTE G  
STREET ADDRESS 616 NORTH PALM AVENUE  
CITY-ST-ZIP KISSIMMEE FL 34741

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Jeanette G. Easterling Jeanette G. Easterling 2/19/04

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

Daytime Phone #