

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 12, 2008 8:00 am
Secretary of State

02-18-2008 90072 042 ***138.75

30001931



1st MOORE CR2E083 (10/07)

DOCUMENT # L03000056830 1. Entity Name AL'S AIR CONDITIONING, LLC																													
Principal Place of Business 8009 BREEZE ROAD NORTH FORT MYERS FL 33917			Mailing Address P.O. BOX 4548 NORTH FORT MYERS FL 33917																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country		4. FEI Number 20-0563682 ☐ Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent KETRON, ROY 8009 BREEZE ROAD NORTH FORT MYERS FL 33917																									
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 _____ Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered agent signature required when remitting)																									
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>KETRON, ROY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8009 BREEZE ROAD</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>NORTH FORT MYERS FL 33917</td> <td></td> </tr> </table>			TITLE	NAME	☐ Delete	NAME	KETRON, ROY		STREET ADDRESS	8009 BREEZE ROAD		CITY- ST- ZIP	NORTH FORT MYERS FL 33917		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
TITLE	NAME	☐ Delete																											
NAME	KETRON, ROY																												
STREET ADDRESS	8009 BREEZE ROAD																												
CITY- ST- ZIP	NORTH FORT MYERS FL 33917																												
TITLE	NAME	☐ Change ☐ Addition																											
NAME																													
STREET ADDRESS																													
CITY- ST- ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	☐ Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
TITLE	NAME	☐ Delete																											
NAME																													
STREET ADDRESS																													
CITY- ST- ZIP																													
TITLE	NAME	☐ Change ☐ Addition																											
NAME																													
STREET ADDRESS																													
CITY- ST- ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	☐ Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
TITLE	NAME	☐ Delete																											
NAME																													
STREET ADDRESS																													
CITY- ST- ZIP																													
TITLE	NAME	☐ Change ☐ Addition																											
NAME																													
STREET ADDRESS																													
CITY- ST- ZIP																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	☐ Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
TITLE	NAME	☐ Delete																											
NAME																													
STREET ADDRESS																													
CITY- ST- ZIP																													
TITLE	NAME	☐ Change ☐ Addition																											
NAME																													
STREET ADDRESS																													
CITY- ST- ZIP																													
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																													