

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000057314

Entity Name: A/C GUY LLC

FILED
Apr 26, 2007
Secretary of State

Current Principal Place of Business:

1130 PONDELLA ROAD
FORT MYERS, FL 33903

New Principal Place of Business:

1130 PONDELLA ROAD
5C
FORT MYERS, FL 33903

Current Mailing Address:

4924 SW 11TH COURT
CAPE CORAL, FL 33914

New Mailing Address:

1901 SE 21ST STREET
CAPE CORAL, FL 33990

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARNKY, SUZANNE M
2845 GARDEN STREET
FORT MYERS, FL 33917 US

Name and Address of New Registered Agent:

WARNKY, SUZANNE M
1901 SE 21ST STREET
CAPE CORAL, FL 33990 US

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.

SIGNATURE: SUZANNE M WARNKY

04/26/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WARNKY, RICHARD T
Address: 4924 SW 11TH COURT
City-St-Zip: CAPE CORAL, FL 33914

Title: MGRM () Delete
Name: WARNKY, SUZANNE M
Address: 2845 GARDEN STREET
City-St-Zip: FORT MYERS, FL 33917

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WARNKY, JEAN N
Address: 4924 SW 11TH COURT
City-St-Zip: CAPE CORAL, FL 33914

Title: MGR (X) Change () Addition
Name: WARNKY, SUZANNE M
Address: 1901 SE 21ST STREET
City-St-Zip: CAPE CORAL, FL 33990

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SUZANNE M WARNKY

MGR

04/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date