

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90153 011 ****50.00

DOCUMENT # L04000000329

1. Entity Name

CRAIG'S COOLING & HEATING, LLC



Principal Place of Business

**7939 BUNKER RD
VERNON FL 32462**

Mailing Address

**P.O. BOX 338
FREEPORT FL 32439**

20011000

2. Principal Place of Business

1435 City Hwy 3280

3. Mailing Address

Suite, Apt. #, etc.



1st MOORE

CR2E083 (10/04)

City & State

FREEPORT, FL

City & State

Zip

Country

32439

WALTON

Zip

Country

4. FEI Number

65-1217159

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CRAIG, A. FAY
7939 BUNKER RD
VERNON FL 32462**

7. Name and Address of New Registered Agent

Name

CRAIG, A. FAY

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

344 OLD EUCHEEANNA RD

City

FREEPORT

FL

Zip Code

32439

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

A. FAY CRAIG

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

G. Jay Craig

(NOTE: Registered Agent signature required when reinstating)

2-17-05

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **CRAIG, JAMES H**
STREET ADDRESS **P.O. BOX 338**
CITY-ST-ZIP **FREEPORT FL 32439**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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
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TITLE ☐ Change ☐ Addition
NAME
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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:

James H. Craig

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

2-17-05 (850) 835-7780

Date

Daytime Phone #