

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000716

FILED  
May 03, 2006  
Secretary of State

**Entity Name:** GOLD MECHANICAL SERVICES, LLC

**Current Principal Place of Business:**

3715 POMPANO COURT  
GOTHA, FL 34734

**New Principal Place of Business:**

13312 W. COLONIAL DRIVE  
SUITE #1  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

13312 W. COLONIAL DRIVE  
SUITE #1  
WINTER GARDEN, FL 34787

**New Mailing Address:**

FEI Number: 20-0584768      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MASHBURN, ERIC S ESQ.  
102 EAST MAPLE STREET  
WINTER GARDEN, FL 34787      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: JONES, AARON D II  
Address: 3715 POMPANO COURT  
City-St-Zip: GOTHA, FL 34734

Title: MGR      ( ) Delete  
Name: JONES, JANNITA D  
Address: 3715 POMPANO COURT  
City-St-Zip: GOTHA, FL 34734

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: JONES, AARON D II  
Address: 5327 CRUZAN COURT  
City-St-Zip: ORLANDO, FL 32818 US

Title: MGR      (X) Change ( ) Addition  
Name: JONES, LAQUITA  
Address: 5327 CRUZAN COURT  
City-St-Zip: ORLANDO, FL 32818 US

I hereby certify that the information supplied with this filing does not qualify for the 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: AARON JONES

MGR

05/03/2006

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