

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000001591

1. Entity Name
CLIMATIC TECHNOLOGIES, LLC



Principal Place of Business
517 OLD JOLLY BAY
FREEPORT, FL 32439 US

Mailing Address
P.O. BOX 1831
SANTA ROSA BEACH, FL 32459 US

FILED
Jul 24, 2008 08:00 AM
Secretary of State



07202008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-8505474

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FALIVENE, JEFF J
517 OLD JOLLY BAY
FREEPORT, FL 32439

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FALIVENE, JEFF J
STREET ADDRESS	517 OLD JOLLY BAY
CITY-ST-ZIP	FREEPORT, FL 32439
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/24/08-80001-019 138.75

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #