

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000009220

FILED
Apr 25, 2005
Secretary of State

Entity Name: SILVER SPRINGS HEATING, AIR CONDITIONING AND REFRIGERATION, LLC

Current Principal Place of Business:

902 SE 167 COURT ROAD
SILVER SPRINGS, FL 34488

New Principal Place of Business:

Current Mailing Address:

902 SE 167 COURT ROAD
SILVER SPRINGS, FL 34488

New Mailing Address:

FEI Number: 41-6360255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, EDWARD F
902 SE167 COURT ROAD
SILVER SPRINGS, FL 34488 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: MGRM () Delete
Name: WILSON, DANIEL
Address: 3718 NE 16 COURT
City-St-Zip: OCALA, FL 34479

Title: MGRM () Delete
Name: WILLIAMS, EDWARD F
Address: 902 SE 167 COURT ROAD
City-St-Zip: SILVER SPRINGS, FL 34488

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: FAIRCHILD, JERRY F
Address: 902 S.E.167TH. CT.RD.
City-St-Zip: SILVER SPRINGS, FL 34488

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EDWARD F WILLIAMS

MGRM

04/25/2005

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