

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 25, 2006 8:00 am
Secretary of State

07-31-2006 90145 007 ****50.00
08-25-2006 90050 003 *****5.00

DOCUMENT # L04000012219 1. Entity Name GRAY REFRIGERATION A/C & HEAT LLC					
Principal Place of Business 40710 EMERALDA ISLAND ROAD LEESBURG, FL 34788			Mailing Address 40710 EMERALDA ISLAND ROAD LEESBURG, FL 34788		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
		07272006 Chg-LLC		CR2E083 (11/05)	
4. FEI Number 20-0752091				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRAY, GAINES H 40710 EMERALDA ISLAND RD LEESBURG, FL 34788			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRAY, GAINES H 40710 EMERALDA ISLAND RD LEESBURG, FL 34788	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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: <u><i>Gray Gaines H</i></u>			Date: <u>22 Aug. 2006</u>		Daytime Phone #: <u>352-669-1242</u>

20053498

