


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90212 031 ****55.00

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| DOCUMENT # L04000014292 |  |
| 1. Entity Name SOUTHERN AIR CONDITIONING & REFRIGERATION, LLC | |

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| Principal Place of Business 1107 3RD ST S W STE 5 WINTER HAVEN, FL 33880 | Mailing Address PO BOX 7346 WINTER HAVEN, FL 33883 |
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| 2. Principal Place of Business 626 Avenue O S.W. | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|---|-----------------------|
| City & State Winter Haven, FL | City & State |
| Zip 33880 | Country USA |



01062006 Chg-LLC CR2E083 (11/05)

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| 4. FEI Number 16-1692602 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent BENNETT, BARRY W 60 SECOND STREET, S.E. WINTER HAVEN, FL 33880 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DOSS, CHERYL C <input type="checkbox"/> Delete 748 GLADIOLA DRIVE AUBURNDALE, FL 33823 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Doss, Cheryl C 7344 Bent Grass Dr. Winter Haven, FL 33884 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM <input type="checkbox"/> Delete DOSS, WILFRED E JR. 748 GLADIOLA DRIVE AUBURNDALE, FL 33823 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Doss, Wilfred E. Jr. 7344 Bent Grass Dr. Winter Haven, FL 33884 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Cheryl C Doss **03/30/2006** **863/299-5200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #