2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000014292

1. Entity Name

SOUTHERN AIR CONDITIONING & REFRIGERATION, LLC

Principal Place of Business	Mailing Address
626 AVE O SW WINTER HAVEN, FL 33880	PO BOX 7346 WINTER HAVEN, FL 33883

DO NOT WRITE IN THIS SPACE

02072008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number		Applied For
16-1692602		Not Applicable
5. Certificate of Status Desired	☑	$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BENNETT, BARRY W
106 AVE. F. SW
WINTER HAVEN, FL 33880

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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 _____

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
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	DOSS, CHERYL C
STREET ADDRESS	7344 BENT GRASS DR
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
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CITY-ST-ZIP	

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04/18/08-80028-001 143.75

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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   Cheryl C Doss   02/07/2008   863-299-5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   /Date   Daytime Phone #