2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000017150

SKIBO AIR CONDITIONING AND HEATING, LLC



FILED Apr 30, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

6545 56TH AVE. N.

ST. PETERSBURG, FL 33709

6545 56TH AVE. N. ST. PETERSBURG, FL 33709



04242007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0914662 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SKIBO, RONALD J SR 6545 56TH AVE. N. ST PETERSBURG, FL 33709

TITLE NAME STREET ADDRESS CITY ST-2IP

DO NOT WRITE IN THIS SPACE

| | e named entity submits this statement for the purpose of char tions of registered agent. | nging its registered offic | e or registered agent, or both, | n the State of Florida. I am familiar with, and accept |
|---|---|--|---------------------------------|--|
| SIGNATURE. | | | | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | | DATE |
| F D | lling Fee is \$50.00 ue by May 1, 2007 | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | | |
| TITLE | MGRM | | | |
| NAME | SKIBO, RON | | | |
| STREET ADDRESS | 6545 56TH AVE N | | | |
| CITY-ST-ZIP | SAINT PETERSBURG, FL 33709 | | | |
| TITLE | | | | |
| NAME | | | | U00000748601 |
| STREET ADDRESS | | | | - 05/17/07-80074-010 55.00 |
| CITY-SI-ZIP | | | | |
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| NAME | | | | |
| STREET ADDRESS | | | א סת | IOT WRITE |
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| TITLE | | | IN TI | HIS SPACE |
| NAME | | | 114 11 | IIO OI AOL |
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| CITY-ST-ZIP | | | | |
| TITLE | | | | |
| NAME . | | | | |
| STREET ADDRESS | | | | |
| CITY-ST-7IP | | | | |

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 AND TYPED OR PRINTED NAME OF SI G MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE