# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 10, 2005**
**Secretary of State**

DOCUMENT# L04000022971

**Entity Name:** ALLEN ROBERTS AIR CONDITIONING & REFRIGERATION LLC

**Current Principal Place of Business:**

50 BEAL PARKWAY SW
SUITE #5
FT WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

50 BEAL PARKWAY SW
SUITE #5
FT WALTON BEACH, FL 32548

**New Mailing Address:**

**FEI Number: 20-1174801** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAM ALLEN ROBERTS
153 RAINBOW DR NW
FT WALTON BEACH, FL 32548 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: MGR ( ) Delete
Name: ROBERTS, WILLIAM A
Address: 2401 W. 9TH STREET
City-St-Zip: PANAMA CITY, FL 32401

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: ROBERTS, WILLIAM A
Address: 153 RAINBOW DR. NW
City-St-Zip: FORT WALTON BEACH, FL 32548

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: WILLIAM ALLEN ROBERTS MGR 01/10/2005

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