


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

<b>DOCUMENT # L04000028884</b> 1. Entity Name <b>MCDANIEL HEATING &amp; COOLING, LLC</b>		
Principal Place of Business <b>15330 SUNDANCE LANE YOUNGSTOWN FL 32466</b>		Mailing Address <b>15330 SUNDANCE LANE YOUNGSTOWN FL 32466</b>
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State	3. Mailing Address  Suite, Apt. #, etc.  City & State	
Zip  Country	Zip  Country	4. FEI Number <b>59-2432662</b>
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable

**FILED**  
**Aug 20, 2008 08:00 AM**  
**Secretary of State**



2nd MOORE CR2E083 (4/08)

<b>6. Name and Address of Current Registered Agent</b>  <b>MCDANIEL, MICHAEL W 15330 SUNDANCE LANE YOUNGSTOWN FL 32466</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

	<b>FILE NOW!!! FEE IS \$538.75</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By September 3, 2008</b>	S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDANIEL, MICHAEL W	NAME	
STREET ADDRESS	15330 SUNDANCE LANE	STREET ADDRESS	
CITY-ST-ZIP	YOUNGSTOWN FL 32466	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	000000958002
CITY-ST-ZIP		CITY-ST-ZIP	08/20/08-80001-022 138.75
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:**  8-15-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE