2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# L04000028964

Entity Name: HAWKINS A/C SERVICES, LLC

Current Principal Place of Business:

922 N. NEW HAMPSHIRE AVE.
TAVARES, FL 327782430

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 441
ASTATULA, FL 34705 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAWKINS, JOHN E
922 N. NEW HAMPSHIRE AVE.
TAVARES, FL 327782430 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/MANAGERS:

Title: MGRM ( ) Delete
Name: HAWKINS, JOHN E
Address: 922 N. NEW HAMPSHIRE AVE.
City-St-Zip: TAVARES, FL 327782430

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOHN E. HAWKINS MGRM 03/23/2009

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