

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037137

FILED
Apr 25, 2006
Secretary of State

Entity Name: CERTIFIED MECHANICAL CO., LLC

Current Principal Place of Business:

2502 VULCAN RD
APOPKA, FL 32703

New Principal Place of Business:

2502 VULCAN ROAD
APOPKA, FL 32703

Current Mailing Address:

2502 VULCAN RD
APOPKA, FL 32703

New Mailing Address:

2502 VULCAN ROAD
APOPKA, FL 32703

FEI Number: 20-1129014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDENFIELD, RONALD H
2502 VULCAN ROAD
APOPKA, FL 32703 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: RONALD H EDENFIELD R, EVOCABLE TRUST
Address: 607 E. SANDPIPER ROAD
City-St-Zip: APOPKA, FL 32712 US

Title: MGRM (X) Delete
Name: NORMAN G AND THELMA, D SHRODE REVOC A BLE TRU
Address: 101 SPRING HOLLOW BLVD.
City-St-Zip: APOPKA, FL 32712 US

Title: MGR (X) Delete
Name: EDENFIELD, ERIC R
Address: 607 E. SANDPIPER ROAD
City-St-Zip: APOPKA, FL 32712 US

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: RONALD H EDENFIELD

MGRM

04/25/2006

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