

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2007 8:00 am
Secretary of State

07-19-2007 90042 011 ****50.00

DOCUMENT # L04000042731

1. Entity Name
KRYSTAL A/C & REFRIGERATION, LLC



Principal Place of Business Mailing Address
1034 HEATHER LANE 1004 Lk. Howard Dr. BOX 2133
LAKE WALES, FL 33853 WINTER HAVEN, FL 33880

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1004 Lake Howard Dr. SW 1004 Lake Howard Dr. SW
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Winter Haven, FL Winter Haven, FL
Zip 33880 Country USA Zip 33880 Country USA

07122007 Chg-LLC CR2E083 (12/06)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, EARL D III
1034 HEATHER LANE
LAKE WALES, FL 33853

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME HALL, EARL D III
STREET ADDRESS P.O. BOX 2133
CITY-ST-ZIP WINTER HAVEN, FL 33880

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 *Earl D. Hall III*

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

July 16, 2007 863-557-9119

Date

Daytime Phone #