

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90304 029 ****60.00

DOCUMENT # L04000047384

1. Entity Name

EARL'S A.C. & HEATING LLC



Principal Place of Business

413 MASHES SANDS ROAD
PANACEA FL 32346

Mailing Address

413 MASHES SANDS ROAD
PANACEA FL 32346

2. Principal Place of Business - No P.O. Box #

729 W Gaines St
Suite, Apt. #, etc.

3. Mailing Address

413 MASHES SANDS Rd
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)



City & State

Tallahassee FL

City & State

PANACEA FL

4. FEI Number

59-3023978

Applied For

Not Applicable

Zip

32302

Country

USA

Zip

32346

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WORTH, EARL
413 MASHES SANDS ROAD
PANACEA FL 32346

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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	MGRM	WORTH, EARL	413 MASHES SANDS ROAD PANACEA FL 32346	
	Vice President	Tim LLOYD	2539 Old Bainbridge Rd TALLAHASSEE FL 32310	
	SEC.	Phillip HANNEY	3409 Woodley Rd TALLAHASSEE FL 32312	

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Worth

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

2/3/07 251-9173

Date Daytime Phone #