

FILED
Mar 13, 2008 8:00 A.M.
Secretary of State

DOCUMENT # L04000047384

1. Entity Name

EARL'S A.C. & HEATING LLC

FILED
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Principal Place of Business

729 W GAINES ST
TALLAHASSEE FL 32302

Mailing Address

413 MASHES SANDS ROAD
PANACEA FL 32346

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

59-3023978

Applied For

Not Applicable

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 fee if applicable

(NOTE: Registered Agent Signature Required when registering)

DATE

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete

WORTH, EARL
413 MASHES SANDS ROAD
PANACEA FL 32346

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

V
LLOY, TIM D
2539 OLD BAINBRIDGE RD
TALLAHASSEE FL 32310

TITLE NAME ☒ Change ☐ Addition

TITLE NAME ☐ Delete

S
HANNEY, PHILLIP
3409 WOODLEY RD
TALLAHASSEE FL 32312

TITLE NAME ☒ Change ☐ Addition

TITLE NAME ☐ Delete

3/13/08 *kp*
Earl Worth called
he is deleting
Tim Lloy &
Phillip Hanney

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

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TITLE NAME ☐ Change ☐ 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

1/29/08 850-251-917

COW

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