

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90101 031 ****50.00

DOCUMENT # L04000049114

1. Entity Name

WIRCO APPLIANCE & AIR CONDITIONING LLC



Principal Place of Business

**1916 15TH STREET SW
VERO BEACH FL 32962**

Mailing Address

**P.O. BOX 650614
VERO BEACH FL 32965**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ **Not Applicable**

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARNELL, TIM H
1916 15TH STREET SW
VERO BEACH FL 32962**

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, 2005**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
CARNELL, TIM H
1916 15TH STREET SW
VERO BEACH FL 32962

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ **Delete**
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CITY - ST - ZIP

TITLE ☐ **Change** ☐ **Addition**
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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

Date

Daytime Phone #

1/28/05 722-569-1882