

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049422

FILED
Aug 29, 2006
Secretary of State

Entity Name: ALL-PRO HEATING & COOLING, LLC

Current Principal Place of Business:

9148 BONITA BEACH RD STE. 202
BONITA SPRINGS, FL 34135

New Principal Place of Business:

9148 BONITA BEACH RD STE. 202
202
BONITA SPRINGS, FL 34135

Current Mailing Address:

9148 BONITA BEACH RD STE. 202
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 41-2142613 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

THOMPSON, JAMES M
9220 BONITA BEACH RD., STE. 112
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

FORRESTER, DAVID M
9148 BONITA BEACH RD.
202
BONITA SPRINGS, FL 34135 US

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: DAVID M. FORRESTER

08/29/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FORRESTER, DAVID
Address: 28140 DOVEWOOD COURT
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FORRESTER, DAVID
Address: 6140 HOLT CT
City-St-Zip: FT. MYERS, FL 33905

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: DAVID M. FORRESTER

MGRM

08/29/2006

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