2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State
03-17-2006 90027 042 ****50.00

DOCUMENT # L04000051387

1. Entity Name
M-RAY HEATING & COOLING, LLC

Principal Place of Business	Mailing Address
2230 HAMLIN TRAIL CLERMONT, FL 34711	2230 HAMLIN TRAIL CLERMONT, FL 34711

03082006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
105 W. Greenwood ST	105 W. Greenwood ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Groveland FL	City & State: Groveland FL
Zip: 34736 Country: Lake	Zip: 34736 Country: Lake

4. FEI Number: 14-1925046 ☐ 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
MIZE, MICHAEL R JR. 2230 HAMLIN TRAIL CLERMONT, FL 34711	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: Michael R Mize Sr Michael R Mize SR 3-15-06
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 May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	MGRM	☐ Change ☑ Addition
NAME	MIZE, MICHAEL R JR.		NAME	Mize, Michael SR.	
STREET ADDRESS	2230 HAMLIN TRAIL		STREET ADDRESS	105 W Greenwood ST.	
CITY-ST-ZIP	CLERMONT, FL 34711		CITY-ST-ZIP	Groveland FL 34736	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Michael R Mize Sr Michael R Mize SR 3-15-06 352-394-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #