2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 11, 2008 8:00 am Secretary of State

DOCUMENT # L0400051387 1. Entity Name M-RAY HEATING & COOLING, LLC						04-11-2008	90182 0	21 ***13	38.75
Principal Plac 105 W. GREE GROVELAND,	ENWOOD ST	Mailing Address 105 W. GREENWOOD S GROVELAND, FL 3473			4 (8 8)(7)(6)	.		22230	
2. Principal Place of Business - No P.O. Box #		3. Maiting Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03012008	Chg-LLC	CR2E0	83 (12/06)		
City & State		City & State		4. FEI Number 14-1925	046			oplied For ot Applicable	
Zip	Country	Zip	Zip Country		5. Certificate o	f Status Desired		\$5.00 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	legistered A	gent	
				Name					
MIZE, MICHAEL R JR. 2230 HAMLIN TRAIL CLERMONT, FL 34711			Street Address ((P.O. Box Number	is Not Acceptable	e)		
.* .									
1.				City			FL	Zip Cod	е
	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent.			ed office or registe		, in the State of Flo	orida. I am f	amiliar with,	and accept
	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.7	5					e check p a Departm	ayable to ent of State	9
			10.				a Departm	ent of State	9
After May	/ 1, 2008 Fee will be \$538.7		10. TITLE			Florida	a Departm	ent of State	€ Addition
After May	/ 1, 2008 Fee will be \$538.7	ERS/MANAGERS				Florida	a Departm	ent of State	
9.	/ 1, 2008 Fee will be \$538.75 MANAGING MEMBI	ERS/MANAGERS	TITLE			Florida	a Departm	ent of State	
9. IITLE NAME	MANAGING MEMBI MGRM MIZE, MICHAEL R JR.	ERS/MANAGERS	TITLE NAME STREE	Ε		Florida	a Departm	ent of State	
9. IITLE NAME STREET ADDRESS	MANAGING MEMBI MGRM MIZE, MICHAEL R JR. 2230 HAMLIN TRAIL	ERS/MANAGERS	TITLE NAME STREE	E ET ADDRESS - ST- ZIP		Florida	a Departm	ent of State	
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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: Manager, OR AUTHORIZED REPRESENTATIVE

4-8-08

352-242 43/7