

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 09, 2007 08:00 A
Secretary of State

DOCUMENT # L04000057236

1. Entity Name
MECHANICAL CONSULTING & COATINGS, LLC



Principal Place of Business

**8309 CEDAR GROVE CHURCH RD
PLANT CITY, FL 33567**

Mailing Address

**8309 CEDAR GROVE CHURCH RD
PLANT CITY, FL 33567**



05012007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

34-2008603

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRS
GREER, TERESA A
8309 CEDAR GROVE CHURCH RD
PLANT CITY, FL 33567**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRT
GREER, JOHN W
8309 CEDAR GROVE CHURCH RD
PLANT CITY, FL 33567**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

000000762855
05/29/07-80029-003 50.00

**DO NOT WRITE
IN THIS SPACE**

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

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

Date

Daytime Phone #

Teresa A. Greer
Teresa A. Greer

5-1-07

813-316-4437
813-635-5224