

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 11, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # L04000063328**

1. Entity Name  
**LOW-TEMP INDUSTRIAL REFRIGERATION, LLC**



Principal Place of Business  
**3231 GENERAL ELECTRIC RD.  
PLYMOUTH, FL 32768 US**

Mailing Address  
**P.O. BOX 398  
PLYMOUTH, FL 32768 US**



01082007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ARDILLO, MICHAEL T  
31191 LOCHMORE CIRCLE  
MT. PLYMOUTH, FL 32776**

**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  
**MGR  
ARDILLO, MICHAEL T  
31191 LOCHMORE CIR  
MT. PLYMOUTH, FL 32776**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
ARDILLO, SUSAN A  
31191 LOCHMORE CIR.  
MT. PLYMOUTH, FL 32776**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

000000583820  
01/12/07-80011-017 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

**1/9/07**

Date

**407 880 9800**

Daytime Phone #