## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## **Secretary of State** DOCUMENT # L04000082374 1. Entity Name VOLUSIA REFRIGERATION SERVICE, LLC Principal Place of Business Mailing Address 341 RIBAULT AVENUE DAYTONA BEACH FL 32118 341 RIBAULT AVENUE DAYTONA BEACH FL 32118 2. Principal Place of Business 3. Mailing Address Suite, Apt. If, etc. Suite, Apt. #. etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 20-1846658 Not Applicat Ζiρ Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUPPERT, ROBERT Street Address (P.O. Box Number is Not Acceptable) 341 RIBAULT AVENUE DAYTONA BEACH FL 32118 Zip Code FL 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 it applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. DITE Addition MGR ☐ Delete TITLE ☐ Change U000000469589 MAME RUPPERT, ROBERT NAME 03/27/06-80005-025 **50.00** STREET ADDRESS STREET ADDRESS 341 RIBAULT AVENUE CITY-ST-ZIP CHY-ST-39 DAYTONA BEACH FL 32118 TITLE ☐ Delete TITLE Change | Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIP TITLE eleten 🔲 ☐ Change 1131€ NAME STREET ADDRESS STREET ADDRESS CITY-S7-21P CITY-ST-ZIP TITLE □ Defete ☐ Change TITLE Addition 🔲 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-278 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 true reger empowered to execute this report as required by Chapter 508, Florida Statutes.

SIGNATURE:

**FILED** Mar 16, 2006 08:00 AM

3-14-06 443-928-1558