

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-06-2006 90207 014 ****55.00

DOCUMENT # L04000084453 1. Entity Name COMFORT ZONE A/C & HEAT LLC																													
Principal Place of Business 229 WILDWOOD DR EDGEWATER FL 32132			Mailing Address 229 WILDWOOD DR EDGEWATER FL 32132																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		4. FEI Number 20-1902119 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>																									
5. Certificate of Status Desired Y				\$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent DAVIS, STEPHEN W 229 WILDWOOD DR EDGEWATER FL 32132				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																									
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.				FL Zip Code																									
SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____																													
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 9. MANAGING MEMBERS / MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DAVIS, STEPHEN W</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>229 WILDWOOD DR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>EDGEWATER FL 32132</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 10. ADDITIONS / CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	MGRM	<input type="checkbox"/> Delete	NAME	DAVIS, STEPHEN W		STREET ADDRESS	229 WILDWOOD DR		CITY - ST - ZIP	EDGEWATER FL 32132		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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11. I hereby certify that the information supplied with this filing 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																													
SIGNATURE:																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																													



ATTACHMENT
30002887

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 8, 2006

COMFORT ZONE A/C & HEAT LLC
229 WILDWOOD DR
EDGEWATER, FL 32132

Subject: **COMFORT ZONE A/C & HEAT LLC**

Reference Number: **L04000084453**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CD
ANNUAL REPORTS SECTION

Correction
made, FEI #
included on
report
copy