

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90033 028 ***138.75

DOCUMENT # L04000093485

1. Entity Name
SPARTAN HEATING & AIR LLC



Principal Place of Business
**582 NE 44 AVE.
OCALA, FL 34470**

Mailing Address
**P.O. BOX 830476
OCALA, FL 34483**

60029597



2. Principal Place of Business - No P.O. Box #
411 SW 87th Pl

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302008 Chg-LLC CR2E083 (12/06)

City & State
Ocala, FL

City & State

4. FEI Number
20-3829083

Applied For
☐ Not Applicable

Zip
34476

Country
U.S.

Zip

Country

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

6. Name and Address of Current Registered Agent

**PAPPAS, JOHNNY A
582 NE 44 AVE
OCALA, FL 34470**

7. Name and Address of New Registered Agent

Name **Johnny A. Pappas**

Street Address (P.O. Box Number is Not Acceptable)

411 SW 87th Pl

City **Ocala**

FL

Zip Code
34476

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 a registered agent.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reissuance)

2/13/08

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO PAPPAS, JOHNNY A PO BOX 1297 SILVER SPRINGS, FL 34472	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
411 SW 87th Pl Ocala, FL 34476	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 606, Florida Statutes.

SIGNATURE:

[Signature]

2/13/08

352-236-4090

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

Date

Daytime Phone