

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000034577

Entity Name: STRICTLY MECHANICAL, LLC

FILED  
Mar 24, 2006  
Secretary of State

## Current Principal Place of Business:

7300 NALLE GRADE ROAD  
NORTH FORT MYERS, FL 33917

## New Principal Place of Business:

## Current Mailing Address:

7300 NALLE GRADE ROAD  
NORTH FORT MYERS, FL 33917

## New Mailing Address:

FEI Number: 20-2648918

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PAVESE, FRANK JR.  
4635 S. DEL PRADO BLVD.  
CAPE CORAL, FL 33904 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: TILTON, JEFFREY  
Address: 7300 NALLE GRADE ROAD  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: MGR ( ) Delete  
Name: TILTON, CINDY  
Address: 7300 NALLE GRADE ROAD  
City-St-Zip: NORTH FORT MYERS, FL 33917

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: TILTON, JEFFREY P  
Address: 7300 NALLE GRADE ROAD  
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: MGR (X) Change ( ) Addition  
Name: TILTON, CINDY L  
Address: 7300 NALLE GRADE ROAD  
City-St-Zip: NORTH FORT MYERS, FL 33917

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEFFREY P. TILTON

MGR

03/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date