## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED Jan 24, 2006 8:00 am Secretary of State

Principal Place of Business   Sale And Area   Sale   Principal Place of Business   Sale And # (etc.   Principal Place of Business   Principal Place o	DOCUMENT # L05000048424  1. Entity Name PHAGAN REFRIGERATION & A/C SERVICE, LLC					01-24-2006 90064 022 ****50.00			
Sultio, Apl. #, etc.   Sultio, Apl. #, etc.   Di122006   Chg.LLC   CR2E083 (1105)	26 2ND AVE	Ε.	i, FL 32547		ZUUU2 <b>605</b>				
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Zip	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01122006	Chg-LLC	CR2E083 (11/05)		
See Name and Address of Current Registered Agent  To Name and Address of New Registered Agent  To Name and Addr	City & State		City & State		4. FEI Numi	28490 A	6 Ar		
PHAGAN, WILLIAM O 26 2ND AVE FORT WALTON BEACH, FL 32547    City   FL   Zip Code	Zip	Country	Zip	Country			☐ \$5.00 Add		
PHAGAN, WILLIAM O   26 2ND AVE   20 Cook   20 No Number is Not Acceptable   20 No Number is Not A		6. Name and Address of Current F	Registered Agent		7. Name an	d Address of New F	Registered Agent		
Street Address (P.O. Box Number is Not Acceptable)	DUACAN MATERIAL CONTRACTOR OF THE STATE OF T			Name	10				
R. The above named prifly submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am Ismiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am Ismiliar with, and accept the obligation of registered agent, or both, in the State of Florida. I am Ismiliar with, and accept the obligation of registered agent, or both, in the State of Florida. I am Ismiliar with, and accept the obligation of registered agent, or both, in the State of Florida. I am Ismiliar with, and accept the provided are registered agent, or both, in the State of Florida.	26 2ND AVE. ,			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
8. The above named shifts submits his statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent.  \$\frac{1}{2}\text{SigNATURE}\$ \frac{1}{2}\text{SigNATURE}\$ \frac{1}{2}			4						
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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: WILLIAM O. PHASAN
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE