2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000048479

1. Entity Name

WILKES AIR CONDITIONING LLC



FILED Mar 27, 2006 8:00 am Secretary of State

03-27-2006 90052 044 ****55.00

17380 NE 148TH TERRACE ROAD	17380 NE 148TH TERRACE
FT MCCOY FL 32134-6825	FT MCCOY FL 32134-6825
2. Principal Place of Business	3 Mailing Address

Principal Plac	e of Business	;		Mailing Address								
17380 NE 148TH TERRACE ROAD FT MCCOY FL 32134-6825				17380 NE 148TH TERRACE ROAD FT MCCOY FL 32134-6825								
2. Principal Place of Business				3. Mailing Address			'"	IBNUT UN KUTUL ÖZÜL KUTUL Ö	PIN MATRI MENIN MINI	1811 Q. B. 182 B 18	HERI III IOO	
Suite, Apt. #, etc.				Suite, Apt. #, etc.		1	st MOORE	CR2E08	3 (10/05)			
City & State				City & State		4. FEI Num	ber 285821	 Χο	}	oplied For		
Zip		Country		Zip	Coun	itry	5. Certifica	te of Status Desired	A I	\$5.00 Add		
	6. Name	and Address	of Current Re	gistered Agent			7. Name ar	nd Address of New	Registered	Agent		
						Name						
WILKES, JAMES D 17380 NE 148TH TERRACE ROAD FT MCCOY FL 32134-6825					Street Address (P.O. Box Number is Not Acceptable)							
1 1 WOOD 1 12 32 133-0025					City	□ Zip Co				le .		
			<u> </u>			, , , , , , , , , , , , , , , , , , ,			FI	-		
	named entity ions of regist		tatement for th	ne purpose of changing	its register	ed office or reg	istered agent, or b	ooth, in the State of	Florida, I am	familiar with,	and accept	
SIGNATURE	Signature, typed	or printed name of re	egistered agent and	tide il applicable. (N	OTE: Registere	d Agent signature re	quired when reinstating)		DATE			
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE Registered Agent signature required when reinstating) PILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006												
^		MANIACI	NO MENDEDO	S/MANAGERS	10.	1. 1. 1. 2. 6.		ADDITION	IS/CHANGE			
9.	lvion	MANAGI	NG MEMBERS	··		-		ADDITION	15/CHANGE		- Addition	
TITLE NAME	ÍMGR ÍWILKES, J	AMEC D		☐ Detete	TITL	i				☐ Change	Addition	
STREET ADDRESS	,	AMES D 148TH TERRA	CE BOAD			ET ADDRESS						
CITY-ST-ZIP	1	FL 32134-6				-ST-ZIP						
TITLE	MGR	7 2 02 7 04 04	JEO	☐ Detete	TITL					☐ Change	Addition	
NAME	WILKES, G	AYLEC		□ Delete	NAM	i						
STREET ADDRESS		148TH TERRA	CE ROAD		STRA	ET ADDRESS						
CITY-ST-ZIP	FT MCCOY	FL 32134-6	825		СПУ	-ST-ZIP						
TITLE	MGRM			☐ Delete	πt	E		·		Change	Addition	
314441	WILKES, D	AVID A			NAM	iE .						
STREET ADDRESS	17380 NE	148TH TERRA	ACE ROAD			ET ADDRESS						
CITY-ST-ZIP	FT MCCOY	FL 32134-6	B25		CITY	-ST-ZIP			_			
TITLE	MGRM			☐ Delete	TITL	E				Change	Addition	
NAME	WILKES, A				NAM	1						
STREET ADDRESS	1	148TH TERRA	-			EET ADDRESS ST-ZIP						
CITY-ST-ZIP	FI MCCOY	FL 32134-68	525									
TITLE				☐ Delete	ПП					Change	Addition	
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STREET ADDRESS CITY - ST-ZIP]				- 1	-ST-ZIP					{	
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TITLE NAME				Delete	TITL Nam					L) change	L AGUIDON	
STREET ADDRESS	1					ET ADDRESS						
CITY-ST-ZIP]					-ST-ZIP						
44 1 hazales	andification at	a information :		his filing dags and availe	fu for the e		taigad in Castion 1	110 Florido Canada	n I further or		information	

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.