

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000048479

FILED
Apr 20, 2009
Secretary of State

Entity Name: WILKES AIR CONDITIONING LLC

Current Principal Place of Business:

4441 HICKORY HAMMOCK DRIVE
DADE CITY, FL 33523

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 95
BUSHNELL,, FL 33513

New Mailing Address:

FEI Number: 20-2858206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILKES, DAVID A
4441 HICKORY HAMMOCK DRIVE
DADE CITY, FL 33523 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: PRES () Delete
Name: WILKES, DAVID A
Address: 4441 HICKORY HAMMOCK DRIVE
City-St-Zip: DADE CITY, FL 33523

Title: VP () Delete
Name: WILKES, ADAM W
Address: 26208 DAYFLOWER BLVD
City-St-Zip: WESLEY CHAPEL, FL 33544

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DAVID WILKES

PRES

04/20/2009

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