

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILL
SECRETARY OF
DIVISION OF CORPORATIONS

09 JUN -2 AM 11:59

REINSTATEMENT 08-09 88M




05292009 REIN-LLC CR2E101 (1/07)

4. FEI Number
04-8609978
Applied For
Not Applicable

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

DOCUMENT # L05000050463

1. Entity Name
FOUR SEASONS HEATING & AIR CONDITIONING, LLC



Principal Place of Business
**4216 ROLLINGOAK DR
LAKELAND, FL 33810**

Mailing Address
**PO BOX 1023
KATHLEEN, FL 33849**

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

**ALL FLORIDA FIRM INC
465 S VOLUSIA AVE, SUITE C
ORANGE CITY, FL 32763**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 registered agent.

SIGNATURE [Signature] DATE 5-29-09

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$377.50

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TARBUNAS, CHARLEY J OWNER PO BOX 1023 KATHLEEN, FL 33849	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100156718931 06/03/09--01006--005 **382.50	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: [Signature] DATE 5-29-09 DAYTIME PHONE # 863-412-0303

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