

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072593

FILED
Apr 25, 2007
Secretary of State

Entity Name: ALL STAR COOLING, LLC

Current Principal Place of Business:

2006 S.W. 8TH. PLACE
CAPE CORAL, FL 33991 US

New Principal Place of Business:

Current Mailing Address:

2006 S.W. 8TH. PLACE
CAPE CORAL, FL 33991 US

New Mailing Address:

FEI Number: 56-2525112

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUNSWICK, STEVE
2006 S.W. 8TH. PLACE
CAPE CORAL, FL 33991 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: MGRM () Delete
Name: BRUNSWICK, STEVE
Address: 2006 S.W. 8TH. PLACE
City-St-Zip: CAPE CORAL, FL 33991

Title: MGRM () Delete
Name: BRUNSWICK, MIKE
Address: 16011 AMBERWOOD LAKE CT. #M-2
City-St-Zip: FT. MYERS, FL 33908 US

Title: MGRM () Delete
Name: KAZMIERSKI, JOE
Address: 1701 CORONADO
City-St-Zip: FT. MYERS, FL 33901 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: BRUNSWICK, MIKE
Address: 8093 COUNTRY ROAD #206
City-St-Zip: FT. MYERS, FL 33919 US

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: STEVE BRUNSWICK

MGRM

04/25/2007

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