

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000111262

FILED
Jan 28, 2008
Secretary of State

Entity Name: WAROPAY AIR CONDITIONING, LLC

Current Principal Place of Business:

450 DISTRIBUTION DRIVE, PMB 111
MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 33684
INDIALANTIC, FL 32903

New Mailing Address:

FEI Number: 20-3518519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WAROPAY, RICHARD J
1345 NORTH HWY A1A, UNIT 405
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

WAROPAY, RICHARD J
422 MARGINELLA LANE
INDIALANTIC, FL 32903 US

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:

01/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WAROPAY, RICHARD J
Address: 1345 NORTH HWY A1A, #405
City-St-Zip: INDIALANTIC, FL 32903

Title: MGR () Delete
Name: WAROPAY, SHEILA A
Address: 1345 NORTH HWY A1A, #405
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WAROPAY, RICHARD J
Address: 422 MARGINELLA LANE
City-St-Zip: INDIALANTIC, FL 32903

Title: MGR (X) Change () Addition
Name: WAROPAY, SHEILA A
Address: 422 MARGINELLA LANE
City-St-Zip: INDIALANTIC, FL 32903

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: SHEILA A. WAROPAY

MGR

01/28/2008

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