

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 07, 2006 8:00 am
Secretary of State

09-07-2006 90037 002 ****50.00

DOCUMENT # L05000119899

1. Entity Name
AIR CLEANING CONCEPTS, LLC



Principal Place of Business
**456 20TH AVENUE
VERO BEACH, FL 32962**

Mailing Address
**456 20TH AVENUE
VERO BEACH, FL 32962**

2. Principal Place of Business
1986 Sunrise Drive SW,

3. Mailing Address
1986 Sunrise Drive SW.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06052006 Chg-LLC CR2E083 (11/05)

City & State
Vero Beach, FL

City & State
Vero Beach, FL

4. FEI Number
03-0575957

Applied For
Not Applicable

Zip
32962

Country

Zip
32962

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 6, 2006**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BRAGG, THEODORE R
456 20TH AVENUE
VERO BEACH, FL 32962** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BRAGG, Theodore R
1986 Sunrise Drive SW
Vero Beach, FL 32962** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BRAGG, SHANNON S
456 20TH AVENUE
VERO BEACH, FL 32962** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BRAGG, Shannon S
1986 Sunrise Drive SW
Vero Beach, FL 32962** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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: Theodore R Bragg Theodore Bragg, Member

8/30/06

772-564-8796

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

Date

Daytime Phone #