## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L06000007300**

1. Entity Name

WAGNER'S REFRIGERATION AND AIR CONDITIONING L.L.C.



Principal Place of Business

17796 130TH AVE NORTH JUPITER, FL 33478 US Mailing Address

17796 130TH AVE NORTH JUPITER, FL 33478 US FILED Jan 16, 2008 08:00 All Secretary of State



DO NOT WRITE IN THIS SPACE

01102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 16-1747814 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WAGNER, KEVIN W 17796 130TH AVE NORTH JUPITER, FL 33478

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

| 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 Fiorida. 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 signeture required when retratating) | DATE                                      |
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75   |   |                   |  |   |
| 9.  | MANAGING MEMBERS/MANAGERS   |                   |  | · · · · · · · · · · · · · · · · · · ·     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | MGR<br>WAGNER, KEVIN W<br>17796 130TH AVE NORTH<br>JUPITER, FL 33478          |                   |  | U00000702450                              |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  |   |                   |  | UQ0000786450<br>01/17/08-80041-007 143.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |                   | DO   | NOT WRITE                                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |                   | IN 7                                       | THIS SPACE                                |
| NAME STREET ADDRESS CITY-ST-ZIP   |   |                   |  |   |
| TITLE NAME STREET ADDRESS CITY: ST-ZIP  |   |                   |  |   |

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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.