## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000015408

Address:

City-St-Zip:

KEY WEST, FL 33040

Entity Name: WADE'S AC & REFRIGERATION SUPPLY, LLC

FILED Apr 27, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 6021 PENNISULAR AVE. KEY WEST, FL 33040 **Current Mailing Address: New Mailing Address:** 6021 PENNISULAR AVE KEY WEST, FL 33040 FEI Number: 20-4292075 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VAN LOON, DAVID ESQ FELDMAN KOENIG & HIGHSMITH, P.A. 3158 NORTHSIDE DRIVE KEY WEST, FL 33040 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete SHERMAN, WADE Name: Name: Address: 6021 PENNISULAR AVE. Address: KEY WEST, FL 33040 City-St-Zip: City-St-Zip: Title: MGR () Delete Title: () Change () Addition PROTOPSALTIS, PETER Name: Name: Address: 6021 PENNISULAR AVE. Address: City-St-Zip: KEY WEST, FL 33040 City-St-Zip: Title: MGR () Delete Title: () Change () Addition OROPEZA, TODD Name: Name: 6021 PENNISULAR AVE.

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.

Address:

City-St-Zip:

SIGNATURE: WADE SHERMAN 04/27/2007