

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90145 019 ***138.75

DOCUMENT # L06000017098

1. Entity Name

GATOR HEATING-AIR-MOLD INSPECTIONS LLC



Principal Place of Business

35805 CHANCEY ROAD
ZEPHYRHILLS FL 33541

Mailing Address

35805 CHANCEY ROAD
ZEPHYRHILLS FL 33541



2. Principal Place of Business - No P.O. Box #

35805 Chancey Rd

Suite, Apt. #, etc.

3. Mailing Address

35805 Chancey Rd.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State

Zephyrhills, FL

Zip

33541

Country

USA

City & State

Zephyrhills, FL

Zip

33541

Country

U.S.A.

4. FEI Number

14-1963180

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ROCKWELL, JOHN C ESQ
JERRY COLEMAN, P.L.
201 FRONT STREET, SUITE 203
KEY WEST FL 33040-8347

7. Name and Address of New Registered Agent

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 fee applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME BATTEY, DOUG
STREET ADDRESS 35805 CHANCEY RD
CITY-ST-ZIP ZEPHYRHILLS FL 33541

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 Section 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:

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

3-5-08

Date

813-426-4728

Daytime Phone #