2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 02, 2007 8:00 am Secretary of State

DOCUMENT # L06000030702 1. Entity Name POWELL HEATING & AIR, LLC							04-02-2007 9	90440 02	2 ****50	0.00	
Principal Place	e of Business										
Principal Place of Business Mailing Address 735 NE 867TH STREET 735 NE 867TH STREI											
BRANFORD,		BRANFORD, FL 32008			ļ						
	,									BG: III BG	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address				11 115 1 111 1 111 1 111 1 111					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				02282007	Chg-LLC	CR2E083	3 (12/06)		
City & State	^	City & State				4. FEI Numbe			I lan	plied For	
City & Stati	в	City & State				30-	1559937		<u> </u>	t Applicable	
Zip `	Country	Zip	rv I				_				
2.15				5. Certificate of Status Desired 5. Status Desir							
			1	7. Name and	Address of New Re	gistered Ag	ent				
	6. Name and Address of Current	Name									
POWELL, JAMES M											
735 NE 867TH STREET					Street Address (P.O. Box Number is Not Acceptable)						
BRANFOR	RD, FL 32008						* * *		************		
9.				City				FL	Zip Code	9	
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 atteil applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
Filing Fee is \$50.00							Make check payable to Florida Department of State				
Due by May 1, 2007							Pionda	Debaraner	IL OF STATE	•	
9.	→ MANAGING MEMBE	ERS/MANAGERS	10.				ADDITIONS/	CHANGES			
TITLE	MGR	☐ Delete	TITLE	:			7.5511151157		Change	Addition	
NAME	POWELL, JAMES M	□ Delete	NAM					,			
STREET ADDRESS	3229 SW 40TH STREET		STRE	ET ADDRESS							
CITY-ST-ZIP	BELL, FL 32619		CITY	-ST-ZIP	1						
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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.											