2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

1. Entity Name
POWELL HEATING & AIR, LLC

DOCUMENT # L06000030702



Principal Place of Business		Mailing Address							
735 NE 867TH STREET Branford, FL 32008		735 NE 867TH STREET Branford, FL 32008			60005083				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite Ant # etc		Suite Act # etc			1 18811611 6	i abile žiiri abili prili sk	III BBI UG IIIII BBI	iit ihmii Mātib lil	1831 (11 1651
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01292008	Chg-LLC	CR2E0	83 (12/06)	
City & State		City & State			4. FEI Numb 20-455				oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$5.00 Add Fee Require	
6. Name and Address of Current Registered Agent					7. Name and	Address of New F	Registered A	gent	-
POWELL,	Name	Name							
735 NE 86	37TH STREET RD, FL 32008	Street Address			(P.O. Box Number is Not Acceptable)				
	·								
,			City				FL	Zip Cod	e
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 renstating) DATE									
	anginations, types or printed reason to registered against	ind the mappingable. (NOTE. I	egistereo Agent signati.	ore required with	rentendaning/		DATE		
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State				
9.	MANAGING MEMBE	RS/MANAGERS	10.	- ^		ADDITIONS	/CHANGES		
TITLE	MGR	☐ Delete	TITLE	MGK	II Jam	ec M.	,	Change	Addition
NAME STREET ADDRESS	POWELL, JAMES M 3229 SW 40TH STREET		NAME STREET ADDRESS	135 N	UE 867	to st.			
CITY-ST-ZIP	BELL, FL 32619		CITY-ST-ZIP	Bran	Hord. F	es M. Hist. Z 32008			
TITLE	Т	☐ Delete	TITLE				*	☐ Change	Addition
NAME	POWELL, PAMELA B		NAME						
STREET ADDRESS CITY-ST-ZIP	735 NE 867TH ST BRANFORD, FL 32008		STREET ADORESS CITY-ST-ZIP						
TITLE	Bratti CRB, 1 E 32000	☐ Delete	TITLE					☐ Change	☐ Addition
NAME		LI Deleta	NAME					Onlings	[
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS			name Street Address						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					Change	Addition
NAME			NAME					_ •	_ '
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-S1-ZIP						
TITLE		☐ Delete	TITLE NAME					☐ Change	☐ Addition
NAME STREET ADDRESS			STREET ADDRESS						i

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 flability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

-542-1560

FILED

Jan 31, 2008 8:00 am Secretary of State 01-31-2008 90065 041 ***138.75

Date

Daytime Phone #