

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90193 050 ****50.00

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1. Entity Name

'JUST CHILLIN' AIR CONDITIONING &
REFRIGERATION LTD. CO.



Principal Place of Business

Mailing Address

761 PINE STREET
FT. MYERS FL 33916

761 PINE STREET
FT. MYERS FL 33916

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

761 PINE ST

3. Mailing Address

761 PINE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. MYERS, FL

City & State

FT. MYERS, FL

Zip

33916

Country

LEE

Zip

33916

Country

LEE

4. FEI Number

56-2484465

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANUEL, ANTHONY C
761 PINE STREET
FT. MYERS FL 33916

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

Anthony C. Manuel
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

2/27/07

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
MANUEL, ANTHONY C
761 PINE STREET
FT. MYERS FL 33916 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
NATALIE R. MANUEL
761 PINE ST
FT. MYERS, FL. 33916 ☐ Change ☒ Addition

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

TITLE
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NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

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:

Anthony C. Manuel
Signature and typed or printed name of signing managing member, manager, or authorized representative

Date

Daytime Phone #

2/27/07 (239) 810-8160