

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000040997

FILED
Apr 17, 2008
Secretary of State

Entity Name: PHOENIX AIR CONDITIONING, LLC

Current Principal Place of Business:

330 MACY STREET
WEST PALM BEACH, FL 33405 US

New Principal Place of Business:

3923 LAKE WORTH RD.
#116
LAKE WORTH, FL 33461 US

Current Mailing Address:

330 MACY STREET
WEST PALM BEACH, FL 33405 US

New Mailing Address:

3923 LAKE WORTH RD.
#116
LAKE WORTH, FL 33461 US

FEI Number: 20-4754879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GUZZETTI, DAVID
330 MACY STREET
WEST PALM BEACH, FL 33405 US

Name and Address of New Registered Agent:

GUZZETTI, DAVID P JR
330 MACY STREET
WEST PALM BEACH, FL 33405 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: DAVID P. GUZZETTI, JR.

04/17/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GUZZETTI, DAVID P JR
Address: 330 MACY STREET
City-St-Zip: WEST PALM BEACH, FL 33405 US

Title: MGR () Delete
Name: GUZZETTI, SUZANNE
Address: 330 MACY STREET
City-St-Zip: WEST PALM BEACH, FL 33405 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: DAVID P. GUZZETTI, JR.

MGR

04/17/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date