

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90369 017 ****50.00

DOCUMENT # L06000045786

1. Entity Name
OZONE AC SERVICES LLC



Principal Place of Business
931 SW 122ND AVENUE
PEMBROKE PINES, FL 33025

Mailing Address
931 SW 122ND AVENUE
PEMBROKE PINES, FL 33025

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

735 Tivoli Circle

3. Mailing Address

735 Tivoli Circle

Suite, Apt. #, etc.

#101

Suite, Apt. #, etc.

#101

City & State

Deerfield Beach FL

City & State

Deerfield Beach FL

Zip

33441

Country

USA

Zip

33441

Country

USA

6. Name and Address of Current Registered Agent

ALI, LYNESHA
931 SW 122ND AVENUE
PEMBROKE PINES, FL 33025

7. Name and Address of New Registered Agent

Name Ozone AC Services, LLC

Street Address (P.O. Box Number is Not Acceptable)

735 Tivoli Circle #101

City

Deerfield Beach

FL

Zip Code

33441

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

Ahmad

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/07

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME ALI, LYNESHA
STREET ADDRESS 931 SW 122ND AVENUE
CITY-ST-ZIP PEMBROKE PINES, FL 33025

☐ Delete

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10. ADDITIONS/CHANGES

TITLE MGRM
NAME Lynesha Ahmad
STREET ADDRESS 735 Tivoli Circle #101
CITY-ST-ZIP Deerfield Beach, FL 33441

☒ Change ☐ Addition

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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.

SIGNATURE:

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

Date

Daytime Phone #

Ahmad Lynesha Ahmad

4/18/07 954-544-7955