2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Apr 24, 2007 8:00 am Secretary of State

DOCUMENT # L06000056228 1. Entity Name HVACENGINEERING, LLC						04-24-2007	90106 014 ****5		
Principal Place of Business Mailing Address 14136 IVYLGAIL DR N 14136 IVYLGAIL DR N					-				
JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32225									
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01162007	Chg-LLC	CR2E083 (12/06)			
City & State		City & State		4. FEI Numbe	4964	403 A	pplied For ot Applicaix		
Zip C	ountry	Zip	Country			of Status Desired	S5.00 Ad Fee Require	ditional	
6. Name and	Address of Current Re	egistered Agent			7. Name and	Address of New R	egistered Agent		
SAN UTAICL LAACK				Name					
WHITNELL, MARK 14136 IVYLGAIL DR N JACKSONVILLE, FL 32225				Street Address (Street Address (P.O. Box Number is Not Acceptable)				
				City			FL Zip Coo	le	
8. The above named entity sub the obligations of registered	omits this statement for t agent.	he purpose of changing its	registere	ed office or register	red agent, or bot	h, in the State of Flo	orida. I am familiar with,	and accept	
SIGNATURESignature, lyped or prin	ited name of registered agent and	d title if applicable. (NOTE	: Registered	d Agent signature required	when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2007									
							e check payable to Department of Stat	e e	
		S/MANAGERS	10.			Florida	Department of Stat	ee .	
9. TILE MANAGER	MANAGING MEMBERS	V □ Delete	10.				Department of Stat	Adailia	
9. TILE MANAGER	MANAGING MEMBERS	V □ Delete	-			Florida	CHANGES	 -	
9. TITLE MANACLES IN AME MARE	MANAGING MEMBERS NO MEMBERS NO MEMBERS NO MEMBERS NO MEMBERS	V □ Delete	TITLE NAME STREE			Florida	CHANGES	 -	
Due by May 1, 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DACKSON	MANAGING MEMBERS	Delete Delete	TITLE NAME STREE	E ET ADDRESS - ST-ZIP		Florida	CHANGES	 -	
Due by May 1, 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBERS NO MEMBERS NO MEMBERS NO MEMBERS NO MEMBERS	DS2335	TITLE NAME STREE CHY- TITLE NAME	E ET ADDRESS - ST- ZIP		Florida	Department of Stat CHANGES ☐ Change	Adailic	
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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 fimited liability company or the receiver or true empowered to execute this report as required by Chapter 608, Florida Statutes.