2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000059678

1. Entity Name

AIR COST CONTROL US, LLC



2 3 36 00

Principal Place of Business Mailing Address

2300 NW 55 COURT EXECUTIVE AIRPORT FORT LAUDERDALE, FL 33309 2300 NW 55 COURT EXECUTIVE AIRPORT FORT LAUDERDALE, FL 33309 FILED Feb 19, 2008 08:00 Al Secretary of State



DO NOT WRITE IN THIS SPACE 02132008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5059785

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BARTHE & LEIGH LLP 2455 E. SUNRISE BLVD SUITE 602 FORT LAUDERDALE, FL 33304

DO NOT WRITE IN THIS SPACE

8. TI	e 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	h, and accep
th	obligations of registered agent.		,	1 -
SIGN	ATURE.		02/13	108
SiQi	Signature, typed or printed name of registered agent and title if applical	le. (NOTE: Registered Agent signature required when reinstating)	DATE	

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000833514 02/28/03-80015-022 138.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	PARELLE, LAURENT	
STREET ADDRESS	2300 NW 55 COURT - EXECUTIVE AIRPORT	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	
TITLE	MGR	en entre d'among de
NAME	PARELLE, LAURE	
STREET ADDRESS	2300 NW 55 COURT - EXECUTIVE AIRPORT	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		DO NOT WRITE
TITLE		IN THIS SPACE
NAME		IN THIS SPACE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		·
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this fiting 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 eignature 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, OR AUTHORIZED REPRESENTATIVE

02/13/08

Daytime Phone #