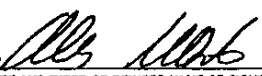


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Jun 11, 2007 8:00 am
Secretary of State

05-15-2007 90150 027 ****50.00

DOCUMENT # L06000066040 1. Entity Name A LINE AIR CONDITIONING & HEATING LLC					
Principal Place of Business 1602 ALTON ROAD #57 MIAMI BEACH FL 33139 US			Mailing Address 1602 ALTON ROAD #57 MIAMI BEACH FL 33139 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 86-1170982	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GOLDSTEIN, ALAN B 1602 ALTON ROAD #57 MIAMI BEACH FL 33139				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM GOLDSTEIN, ALAN B 1602 ALTON ROAD, #57 MIAMI BEACH FL 33139	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete			
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:  4/27/07 305-534-5463 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					