


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000078138 1. Entity Name ACE APPLIANCE SERVICE OF PENSACOLA LLC	
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Principal Place of Business
920 N 61ST AVE
PENSACOLA, FL 32506 US

Mailing Address
PO BOX 36462
PENSACOLA, FL 32516 US



03032008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1976612	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

JASON, JOSEPH
920 N 61ST AVE
PENSACOLA, FL 32506

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

1000000392245
04/23/08-80057-021 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JASON, JOSEPH 920 N 61ST AVE PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JASON, SARAH 920 N 61ST AVE PENSACOLA, FL 32506
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IN THIS SPACE**

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: Sarah M. Jason
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/3/07 850-458-7744
Date Daytime Phone #