


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
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03032008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1976612	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

000000992245
 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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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* Date: *3/3/07* Daytime Phone #: *850-458-7744*

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