
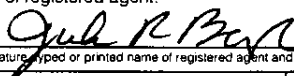



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 MAY 30 AM 8:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L06000105171			
1. Entity Name JUHNA BOYD H.V.A.C REPAIR AND CLEANING SERVICES, L.L.C.		Principal Place of Business 150 WEBSTER ROAD CRAWFORDVILLE, FL 32327	
Mailing Address PO BOX 1144 CRAWFORDVILLE, FL 32326		BK	
2. Principal Place of Business - No P.O. Box # 4236 BALLARD ROAD Suite, Apt. #, etc.		3. Mailing Address 4236 BALLARD ROAD Suite, Apt. #, etc.	
City & State TALLAHASSEE, FLORIDA		City & State TALLAHASSEE, FLORIDA	
Zip 32305	Country U.S.A.	Zip 32305	Country U.S.A.
6. Name and Address of Current Registered Agent BOYD, JUHNA R 150 WEBSTER ROAD CRAWFORDVILLE, FL 32327		7. Name and Address of New Registered Agent Name BOYD, JUHNA R. Street Address (P.O. Box Number is Not Acceptable) 4236 BALLARD ROAD City TALLAHASSEE, FL Zip Code 32305	
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 		DATE MAY 30, 2007	
Filing Fee is \$50.00 Due by September 14, 2007		BK	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOYD, JUHNA PO BOX 1144 CRAWFORDVILLE, FL 32326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOYD, JUHNA 4236 BALLARD ROAD TALLAHASSEE, FLORIDA 32305 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100108922711 06/05/07--01051--030 **\$55.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE: MAY 30, 2007 (850) 228-7462	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	



05292007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-5790429

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name  
BOYD, JUHNA R.  
Street Address (P.O. Box Number is Not Acceptable)

4236 BALLARD ROAD

City  
TALLAHASSEE, FL  
Zip Code  
32305

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  
MAY 30, 2007

Filing Fee is \$50.00  
Due by September 14, 2007

BK

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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CITY-ST-ZIP

MGRM  
BOYD, JUHNA  
PO BOX 1144  
CRAWFORDVILLE, FL 32326  
☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP

BOYD, JUHNA  
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SIGNATURE: 

DATE: MAY 30, 2007 (850) 228-7462

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

Date

Daytime Phone #