


***2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

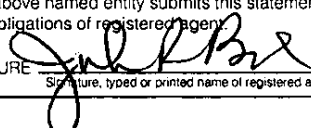
DOCUMENT # L06000105171		
1. Entity Name JUHNA BOYD H.V.A.C REPAIR AND CLEANING SERVICES, L.L.C.		

Principal Place of Business 4236 BALLARD ROAD TALLAHASSEE, FL 32305	Mailing Address 4236 BALLARD ROAD TALLAHASSEE, FL 32305
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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

6. Name and Address of Current Registered Agent	
BOYD, JUHNA R 4236 BALLARD ROAD TALLAHASSEE, FL 32305	


7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
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 reinstating)	DATE 9-11-08

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOYD, JUHNA 4236 BALLARD ROAD TALLAHASSEE, FL 32305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200135962402 09/16/08--01017--012 <input type="checkbox"/> Change <input type="checkbox"/> Addition **138.75
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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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: 	9-11-08 (850) 590-0242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #

FILED

08 SEP 11 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09112008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5790429 Applied For Not Applicable

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