

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000047491

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: SEASIDE MECHANICAL, LLC

## Current Principal Place of Business:

10 HANCOCK LANE  
PENSACOLA, FL 32503

## New Principal Place of Business:

191 DEERFOOT LANE  
CANTONMENT, FL 32533

## Current Mailing Address:

10 HANCOCK LANE  
PENSACOLA, FL 32503

## New Mailing Address:

P.O. BOX 98  
GONZALEZ, FL 32560

FEI Number: 22-3963671

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HINOTE, ALLEN  
10 HANCOCK LANE  
PENSACOLA, FL 32503 US

## Name and Address of New Registered Agent:

SCHMIDT, AARON  
191 DEERFOOT LANE  
CANTONMENT, FL 32533 US

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.

SIGNATURE: AARON SCHMIDT

01/06/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SCHMIDT, AARON  
Address: 10 HANCOCK LANE  
City-St-Zip: PENSACOLA, FL 32503

Title: MGR (X) Delete  
Name: HINOTE, ALLEN  
Address: 10 HANCOCK LANE  
City-St-Zip: PENSACOLA, FL 32503

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: SCHMIDT, AARON  
Address: 191 DEERFOOT LANE  
City-St-Zip: CANTONMENT, FL 32533

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: AARON SCHMIDT

MGRM

01/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date