

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2008 8:00 am
Secretary of State

07-07-2008 90072 038 ***138.75

DOCUMENT # L07000050695	
1. Entity Name MODULAR HVAC LLC	



Principal Place of Business 1511 SHADOWMOSS CIRCLE LAKE MARY, FL 32746 US	Mailing Address 1511 SHADOWMOSS CIRCLE LAKE MARY, FL 32746 US
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50007511



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. 560 Remington Oak Dr City & State LAKE MARY, FL Zip 32746 Country USA	Suite, Apt. #, etc. 560 Remington Oak Dr City & State LAKE MARY FL Zip 32746 Country USA

07032008 Chg-LLC CR2E083 (12/06)

4. FEI Number 45-0561924	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HOWARTH, BRANDON J 1511 SHADOWMOSS CIRCLE LAKE MARY, FL 32746	
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7. Name and Address of New Registered Agent Name HOWARTH, BRANDON J. Street Address (P.O. Box Number is Not Acceptable) 560 Remington Oak Dr City LAKE MARY FL Zip Code 32746	
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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 X Brandon Howarth Signature, typed or printed name of registered agent and title if applicable.	DATE 7/3/2008 (NOTE: Registered Agent signature required when reinstating)

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	MGR HOWARTH, BRANDON J 1511 SHADOWMOSS CIRCLE LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HOWARTH, BRANDON J. 560 Remington Oak Dr LAKE MARY, FL 32746 <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	<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 X Brandon Howarth SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE 7/3/2008 Daytime Phone #
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