

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000058582

FILED  
Aug 03, 2009  
Secretary of State

**Entity Name:** SHUFORD HEATING & AIR CONDITIONING, LLC

**Current Principal Place of Business:**

6330 TRENT STREET  
PENSACOLA, FL 32503

**New Principal Place of Business:**

7185 SCHWAB DR.  
PENSACOLA, FL 32504

**Current Mailing Address:**

6330 TRENT STREET  
PENSACOLA, FL 32503

**New Mailing Address:**

7185 SCHWAB DR.  
PENSACOLA, FL 32504

FEI Number: 26-0291452      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SHUFORD, ROBERT  
6330 TRENT STREET  
PENSACOLA, FL 32503      US

**Name and Address of New Registered Agent:**

SHUFORD, ROBERT M OWNER  
7185 SCHWAB DR.  
PENSACOLA, FL 32504      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: ROBERT M SHUFORD

08/03/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SHUFORD, ROBERT  
Address: 6330 TRENT STREET  
City-St-Zip: PENSACOLA, FL 32503

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SHUFORD, ROBERT M OWNER  
Address: 7185 SCHWAB DR.  
City-St-Zip: PENSACOLA, FL 32504

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: ROBERT M SHUFORD

OWNE

08/03/2009

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