


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90226 031 \*\*\*138.75

**DOCUMENT # L07000083042**

1. Entity Name  
**AIR CONDITIONING & HEATING SOLUTIONS, L.L.C.**



Principal Place of Business  
**5615 PADDLE WHEEL DRIVE  
 MILTON, FL 32583**

Mailing Address  
**5615 PADDLE WHEEL DRIVE  
 MILTON, FL 32583**



2. Principal Place of Business - No P.O. Box #  
*Same*

3. Mailing Address  
*Same*

Suite, Apt. #, etc.

02292008 Chg-LLC CR2E083 (12/06)

City & State

4. FEI Number  
**26-0756279**

Applied For  
 Not Applicable

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**

**JAY, JOSEPH T**  
**5615 PADDLE WHEEL DRIVE**  
**MILTON, FL 32583**

**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.

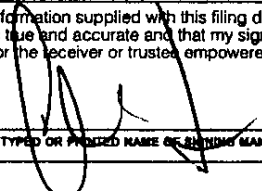
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAY, JOSEPH T 5615 PADDLE WHEEL DRIVE MILTON, FL 32583 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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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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:**  **2/28 (850) 855-1064**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #