

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000084444

FILED
Apr 28, 2009
Secretary of State

Entity Name: HVAC BUSINESS SOLUTIONS, LLC

Current Principal Place of Business:

4625 E. EUCLID AVENUE
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

4625 E. EUCLID AVENUE
TAMPA, FL 33629

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

POWERS, MALIA
4625 E. EUCLID AVENUE
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: POWERS, MALIA
Address: 4625 E. EUCLID AVENUE
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: POWERS, MALIA R
Address: 4625 E. EUCLID AVENUE
City-St-Zip: TAMPA, FL 33629

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: MALIA R POWERS

MGRM

04/28/2009

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