

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000087794

**FILED**  
**Aug 25, 2008**  
**Secretary of State**

**Entity Name:** PROFESSIONAL HOME IMPROVEMENT AIR CONDITIONING AND REFRIGERATION LLC.

**Current Principal Place of Business:**

2093 W ARBUTUS DR  
DUNNELLON, FL 34434 US

**New Principal Place of Business:**

23 N ADAMS ST  
BEVERLY HILLS, FL 34465 US

**Current Mailing Address:**

2093 W ARBUTUS DR  
DUNNELLON, FL 34434 US

**New Mailing Address:**

23 N ADAMS ST  
BEVERLY HILLS, FL 34465 US

**FEI Number:** 74-3229659

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALLEY, SHANNON J  
2093 W ARBUTUS DR  
DUNNELLON, FL 34434 US

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

WALLEY, SHANNON J  
23 N ADAMS ST  
BEVERLY HILLS, FL 34465 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: SHANNON WALLEY

08/25/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR ( ) Change (X) Addition  
Name: WALLEY, SHANNON J  
Address: 23 N ADAMS ST  
City-St-Zip: BEVERLY HILLS, FL 34465

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: SHANNON WALLEY

MR

08/25/2008

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