2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

Mar 12, 2008 8:00 am DOCUMENT # L07000088032 **Secretary of State** 1. Entity Name 03-12-2008 90239 050 ***138.75 BOB G. TATUM HEATING & AIR CONDITIONING SERVICES, LLC. Principal Place of Business Mailing Address 7181 SOUTH US HWY 441 LAKE CITY FL 32025 7181 SOUTH US HWY 441 LAKE CITY FL 32025 Principal Place of Business - No P.O. Box # Mailing Address 7/8/ South US HWY441 718/South US HWY 441 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For Lake City .ake Tot Applicable Country \$5.00 Additional 5. Certificate of Status Desired USA usA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TATUM,-BOB G Street Address (P.O. Box Number is Not Acceptable) 7181 SOUTH US HWY 441 LAKE CITY FL 32025 City 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 Signature, typed or conced name of registered agent and title d explicable. (NOTE: Registered Assent 3 gualant required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES DITLE MGRM Delete THLE ☐ Change ☐ Addition TATUM, BOB G NAME NAME STREET ADDRESS 7181 SOUTH US HWY 441 STREET ADDRESS CITY-ST-ZIP LAKE CITY FL 32025 CITY-ST-ZIP ISTLE ☐ Delete TiTLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS COTY-ST-ZIP CITY-ST-ZIP TODE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

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