

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000088958

FILED
Sep 15, 2008
Secretary of State

Entity Name: EL DORADO AIR CONDITIONING LLC

Current Principal Place of Business:

4262 LOYS DR
JACKSONVILLE, FL 32247 US

New Principal Place of Business:

8090 ATLANTIC BULEVARD
G-14
JACKSONVILLE, FL 32211 US

Current Mailing Address:

4262 LOYS DR
JACKSONVILLE, FL 32247 US

New Mailing Address:

8090 ATLANTIC BULEVARD
G-14
JACKSONVILLE, FL 32211 US

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

GUTIERREZ ORTIZ, CARMEN P
4262 LOYD DR
JACKSONVILLE, FL 32247 US

Name and Address of New Registered Agent:

GUTIERREZ ORTIZ, CARMEN P
8090 ATLANTIC BULEVARD
G-14
JACKSONVILLE, FL 32247 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: PATRICIA ORTIZ

09/15/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GUTIERREZ ORTIZ, CARMEN P
Address: 4262 LOYS DR
City-St-Zip: JACKSONVILLE, FL 32247 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GUTIERREZ ORTIZ, CARMEN P
Address: 8090 ATLANTIC BULEVARD
City-St-Zip: JACKSONVILLE, FL 32211 US

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: PATRICIA ORTIZ

MGR

09/15/2008

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