

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000089027

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

**Entity Name:** AZAP AIR CONDITIONING AND REFRIGERATION SERVICE, LLC

**Current Principal Place of Business:**

545 BELVEDERE STREET, WEST  
LAKELAND, FL 33803 US

**New Principal Place of Business:**

1520 42ND ST NW  
WINTER HAVEN, FL 33881 US

**Current Mailing Address:**

545 BELVEDERE STREET, WEST  
LAKELAND, FL 33803 US

**New Mailing Address:**

1520 42ND ST NW  
WINTER HAVEN, FL 33881 US

**FEI Number:** 27-0710501

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PROFERES, ALEXANDER C RA  
545 BELVEDERE STREET, WEST  
LAKELAND, FL 33803 US

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

PROFERES, ALEXANDER C RA  
1630 VILLAGE CENTER DR  
307  
LAKELAND, FL 33803 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:**

04/19/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** PROFERES, ALEXANDER C MGRM  
**Address:** 1630 VILLAGE CENTER DR  
**City-St-Zip:** LAKELAND, FL 33803 US

I hereby 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:** ALEXANDER C. PROFERES

MR

04/19/2010

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