

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000089721

Entity Name: CNC MECHANICAL, LLC

FILED
Apr 08, 2008
Secretary of State

Current Principal Place of Business:

8920 MAISLIN DRIVE
TAMPA, FL 33637

New Principal Place of Business:

Current Mailing Address:

8920 MAISLIN DRIVE
TAMPA, FL 33637

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'HARA, LLOYD
8920 MAISLIN DRIVE
TAMPA, FL 33637 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: MGR () Delete
Name: HATFIELD, TIMOTHY R
Address: 14936 SHERROD CROFT
City-St-Zip: DADE CITY, FL 33525

Title: MGR () Delete
Name: O'HARA, LINDA D
Address: 4225 O'HARA PLACE
City-St-Zip: DOVER, FL 33527

Title: MGR () Delete
Name: O'HARA, LLOYD
Address: 4225 O'HARA PLACE
City-St-Zip: DOVER, FL 33527

Title: MGR () Delete
Name: ROBERTS, MICHAEL D
Address: 795 NEW YORK AVENUE
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LLOYD OHARA

DIRE

04/08/2008

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