

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000106122

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** DUCT DOCTOR USA OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

1210 LANCASTER DRIVE  
ORLANDO, FL 32806 US

**New Principal Place of Business:**

**Current Mailing Address:**

1210 LANCASTER DRIVE  
ORLANDO, FL 32806 US

**New Mailing Address:**

**FEI Number:** 26-1264396

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JASON W. SEARL, P.A.  
1000 E. ROBINSON STREET  
SUITE G  
ORLANDO, FL 32801 US

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

GRAYROBINSON, P.A.  
301 E. PINE STREET  
SUITE 1400  
ORLANDO, FL 32802 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:** JASON W. SEARL

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** HOOD, JOHN E  
**Address:** 1128 OAKPOINT DRIVE  
**City-St-Zip:** APOPKA, FL 32712 US

**ADDITIONS/CHANGES:**

**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:** JW SEARL

RA

04/30/2009

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