

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000098641

**FILED**  
**Feb 11, 2010**  
**Secretary of State**

**Entity Name:** SCOTT AIR CONDITIONING & MECHANICAL SERVICES LLC

**Current Principal Place of Business:**

271 NW 42 AVE  
COCONUT CREEK, FL 33066 US

**New Principal Place of Business:**

**Current Mailing Address:**

271 NW 42 AVE  
COCONUT CREEK, FL 33066 US

**New Mailing Address:**

**FEI Number:** 26-3566556

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCOTT, KEVIN P  
271 NW 42 AVE  
COCONUT CREEK, FL 33066 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:** MGRM  
**Name:** SCOTT, KEVIN P  
**Address:** 271 NW 42 AVE  
**City-St-Zip:** COCONUT CREEK, FL 33066 US

**Title:** MGRM  
**Name:** SCOTT, JULIE T  
**Address:** 271 NW 42 AVE  
**City-St-Zip:** COCONUT CREEK, FL 33066 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:** JULIE T SCOTT

MGRM

02/11/2010

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