

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000041026

**FILED**  
**Feb 09, 2011**  
**Secretary of State**

**Entity Name:** BEST MECHANICAL SERVICES LLC

**Current Principal Place of Business:**

100 NEBRASKA AVE.  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

100 NEBRASKA AVE.  
FORT WALTON BEACH, FL 32548

**New Mailing Address:**

**FEI Number:** 27-2548801

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARLE, KIRT V  
100 NEBRASKA AVE.  
FORT WALTON BEACH, FL 32548 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:** CARLE, KIRT V  
**Address:** 100 NEBRASKA AVE.  
**City-St-Zip:** FORT WALTON BEACH, FL 32548

**Title:** MGRM  
**Name:** PARNELL, DON  
**Address:** 2289 LOST BOTTOMS LANE  
**City-St-Zip:** NAVARRE, FL 32566

**Title:** MGRM  
**Name:** BEAL, SCOTT  
**Address:** 35 SELLERS  
**City-St-Zip:** FORT WALTON BEACH, FL 32548

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:** JOSEPH BEAL

PRES

02/09/2011

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