

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000021714

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** PHILCO AIR CONDITIONING AND REFRIGERATION OF NORTHWEST FLORIDA "LLC"

**Current Principal Place of Business:**

603 GARRISON AVENUE  
PORT ST.JOE, FL 32456 US

**New Principal Place of Business:**

**Current Mailing Address:**

603 GARRISON AVENUE  
PORT ST.JOE, FL 32456 US

**New Mailing Address:**

**FEI Number:** 27-5076204      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MCCROAN, PHILLIP G  
603 GARRISON AVENUE  
PORT ST.JOE, FL 32456 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:** MCCROAN, PHILLIP G  
**Address:** 603 GARRISON AVENUE  
**City-St-Zip:** PORT ST.JOE, FL 32456 US

**Title:** MGRM  
**Name:** MCCROAN, PHILLIP J  
**Address:** 1016 15TH ST.  
**City-St-Zip:** MEXICO BEACH, FL 32456 US

**Title:** MGRM  
**Name:** MCCROAN, JESSE C  
**Address:** 603 GARRISON AVENUE  
**City-St-Zip:** PORT ST.JOE, FL 32456 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: PHILLIP MCCROAN

MGRM

04/30/2012

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