

2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # M03000000295

ATLANTIC SERVICE & SUPPLY LLC



Principal Place of Business

SIGNATURE:

COCONUT GROVE, FL 33133

C/O WATSCO, INC. 2665 SOUTH BAYSHORE DRIVE, SUITE 901 Mailing Address

C/O WATSCO, INC.

2665 SOUTH BAYSHORE DRIVE, SUITE 901 COCONUT GROVE, FL 33133

FILED May 04, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04192004 No Chg-LLC CR2E083 (10/03)

FEI Number		Applied For
65-0845711	 _ [Not Applicable
. Certificate of Status Desired	\$5.00	Additional

5. Certificate of Status Desired

4/27/04

<u> 305 714-4119</u>

Daytime Phone #

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

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8. 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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when rendating) DATE				
Filing Fee is \$50.00 Due by May 1, 2004				
9.	MANAGING MEMBERS/MANAGERS		······································	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOGAN, BARRY S 2665 SOUTH BAYSHORE DRIVE, SUITE 901 COCONUT GROVE, FL 33133	05/t	/00000155270 /5/04-80031-002 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MENENDEZ, ANA 2665 SOUTH BAYSHORE DRIVE, SUITE 901 COCONUT GROVE, FL 33133			
TITLE NAME STREET ADDRESS CITY-ST-2IP		DO NO	T WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SSPACE	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.				

BARRY 5. LOGAN, MGR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE