


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 08, 2005 08:00 AM
Secretary of State

DOCUMENT # M96000000413 1. Entity Name AIR COMFORT SERVICES, LLC	
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Principal Place of Business 2360 B WHITFIELD PARK AVE. SARASOTA, FL 34243-4084	Mailing Address 2360 B WHITFIELD PARK AVE. SARASOTA, FL 34243-4084
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DO NOT WRITE IN THIS SPACE

05242005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 62-1625161	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent VAN FLEET, PERRY 2360-R WHITFIELD PARK AVE. SARASOTA, FL 34243

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

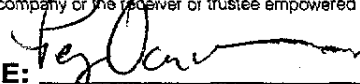
**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VAN FLEET, PERRY 2360-B WHITFIELD PARK AVE. SARASOTA, FL 34243
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UN00000369168
06/08/05-80002-015 \$5.00

**DO NOT WRITE
IN THIS SPACE**

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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **Perry VAN Fleet** **5/27/05** **(941) 355-4444**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #