

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0400000022

FILED
Jan 10, 2014
Secretary of State
CC4089644447

Entity Name: WATSCO INVESTMENTS LLC

Current Principal Place of Business:

C/O WATSCO, INC. (TAX DEPARTMENT)
2665 S. BAYSHORE DRIVE, SUITE 901
COCONUT GROVE, FL 33133

Current Mailing Address:

C/O WATSCO, INC. (TAX DEPARTMENT)
2665 S. BAYSHORE DRIVE, SUITE 901
COCONUT GROVE, FL 33133

FEI Number: 59-2696358

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

Authorized Person(s) Detail :

Title MGR
Name LOGAN, BARRY S
Address 2665 S. BAYSHORE DRIVE, SUITE 901
City-State-Zip: COCONUT GROVE FL 33133

Title MGR
Name MENENDEZ, ANA M
Address 2665 S. BAYSHORE DRIVE, SUITE 901
City-State-Zip: COCONUT GROVE FL 33133

Title PS
Name LOGAN, BARRY S
Address 2665 S BAYSHORE DR 901
City-State-Zip: COCONUT GROVE FL 33133

Title ASVP
Name MENENDEZ, ANA M
Address 2665 S BAYSHORE DR 901
City-State-Zip: COCONUT GROVE FL 33133

Title AT
Name DISTEFANO, EFY
Address 2665 S BAYSHORE DR 901
City-State-Zip: COCONUT GROVE FL 33133

Title T
Name MENENDEZ, ANA M
Address 2665 S BAYSHORE DR 901
City-State-Zip: COCONUT GROVE FL 33133

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EFY DISTEFANO

AT

01/10/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date