Secretary of State
Corporation Division
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327

Phone: (503) 986-2200
FAX: (503) 378-4381
sos.oregon.gov/business

2025 ANNUAL REPORT

Registry Number: 227351798
Date of Organization: 6/4/2024
Fee: $100
Due Date: 6/4/2025
Type: DOMESTIC LIMITED LIABILITY COMPANY

1042
COMPLETE HEATING & AIR LLC
PO BOX 211
SHADY COVE OR 97539

FILED: JUN 10, 2025
OREGON SECRETARY OF STATE

227351798-27829910
COMPLETE HEATING & AIR LLC **RENANA**

Name of Domestic Limited Liability Company
COMPLETE HEATING & AIR LLC
Jurisdiction: OREGON

The following information is required by statute. Please complete the information below. If any of the information is incorrect, you can make changes on this form. Failure to submit this Annual Report and fee by the due date may result in inactivation on our records.

Registered Agent
KRISTI POSSINGER
1005 TERRACE PLACE
SHADY COVE, OR 97539

If the Registered Agent has changed, the new agent has consented to the appointment. Oregon street address required.

1) Type of Business Heating & Air Conditioning

2) Principal Place of Business (Address,city,state,zip)
1005 TERRACE PLACE
SHADY COVE, OR 97539

3) Mailing Address (Address,city,state,zip)
PO BOX 211
SHADY COVE, OR 97539

4) ☑ **Member** or ☐ Manager (Name & Address)
KRISTI POSSINGER
1005 TERRACE PLACE
SHADY COVE, OR 97539

5) ☑ **Member** or ☐ Manager (Name & Address)
TREVIER POSSINGER
1005 TERRACE PLACE
SHADY COVE, OR 97539

Execution: I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any members, managers, employees or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

6) Signature Kristi Possinger

7) Printed Name Kristi Possinger

8) Date 5/26/25

9) Phone Number

Make check payable to "Corporation Division" and mail completed form with payment to the address above.
Note: Filing fees may be paid with a major credit card. Submit the card number and expiration date on a separate page for your protection.

MAL