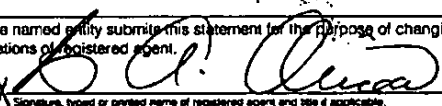
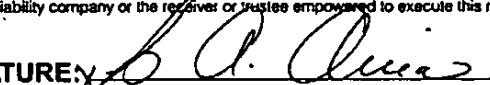


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 20, 2008 8:00 am
Secretary of State

05-22-2008 90515 019 ***138.75

DOCUMENT # L07000063985			
1. Entity Name TLC INDOOR AIR SERVICES, LLC			
Principal Place of Business 9140 GOLFSIDE DRIVE SUITE 8-N JACKSONVILLE, FL 32256		Mailing Address 9140 GOLFSIDE DRIVE SUITE 8-N JACKSONVILLE, FL 32256	
2. Principal Place of Business - No P.O. Box # 11246 Distribution Ave East Suite, Apt. #, etc. Unit #9		3. Mailing Address 5291 Cypress Links Blvd Suite, Apt. #, etc.	
City & State Jax, FL		City & State Elkton, FL 32033	
Zip 32256	Country USA	Zip 32033	Country USA
4. FFI Number 260384159		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent ALICEA, LUIS A 5291 CYPRESS LINKS DRIVE ELKTON, FL 32033		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, the registered agent. SIGNATURE  DATE			
FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALICEA, LUIS A 5291 CYPRESS LINKS DRIVE ELKTON, FL 32033 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER ALICEA, LUIS ANTONIO 5291 CYPRESS LINKS BLVD ELKTON, FL 32033 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALICEA, DALYS 5291 CYPRESS LINKS DRIVE ELKTON, FL 32033 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER ALICEA, DALYS D. 5291 CYPRESS LINKS BLVD ELKTON, FL 32033 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes. SIGNATURE  DATE 4/29/08 (92) 476-9035			