FILED
Jun 20, 2008 8:00 am
Secretary of State
05-22-2008 90515 019 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000063985

1. Entity Name
TLC INDOOR AIR SERVICES, LLC

Principal Place of Business	Mailing Address
9140 GOLFSIDE DRIVE SUITE 8-N JACKSONVILLE, FL 32256	9140 GOLFSIDE DRIVE SUITE 8-N JACKSONVILLE, FL 32256

04172008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
11246 Distribution Ave East		5291 Cypress Links blvd	
Suite, Apt. #, etc.: Unit #9		Suite, Apt. #, etc.	
City & State: Jax, FL		City & State: Elkton, FL 32033	
Zip: 32256	Country: USA	Zip: 32033	Country: USA

4. FEI Number: 260384159 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALICEA, LUIS A 5291 CYPRESS LINKS DRIVE ELKTON, FL 32033	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 registered agent.

SIGNATURE [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 608, Florida Statutes.

SIGNATURE: [signature] 4/29/08 (904) 476-9035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #