that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: AKRAM FARID

Electronic Signature of Signing Authorized Person(s) Detail

2457 MOORE HAVEN DR E CLEARWATER. FL 33763 US

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: HIGH LIFE HEATING & AIR CONDITIONING L.L.C

FEI Number: 27-1027352

Current Mailing Address:

DOCUMENT# L09000047780

2457 MOORE HAVEN DR E CLEARWATER, FL 33763

Current Principal Place of Business:

Name and Address of Current Registered Agent:

FARID, AKRAM S 2457 MOORE HAVEN DR E CLEARWATER, FL 33763 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

Authorized Person(s) Detail :

Title	MGR	Title	MGRM
Name	FARID, AKRAM S	Name	FARID, OLFAT I
Address	2457 MOORE HAVEN DR E	Address	2457 MOORE HAVEN DR E
City-State-Zip:	CLEARWTER FL 33763	City-State-Zip:	CLEARWATER FL 33763

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

MANAGER

01/22/2016

Date

FILED Jan 22, 2016 Secretary of State CC8364878907

Certificate of Status Desired: No

Date