13257 82ND ST N WEST PALM BEA				
Current Maili	ing Address:			
13257 82ND S WEST PALM	ST N BEACH, FL 33412 US			
FEI Number: 27-3751559 Certificate of Sta			Certificate of Status Desir	ed: No
Name and Ad	ddress of Current Registered Agent:			
HAUN, SAMUEL 13257 82ND ST N WEST PALM BE/				
13257 82ND ST N WEST PALM BEA	N	tered office or regis	tered agent, or both, in the State of Flori	da.
13257 82ND ST N WEST PALM BEA	N ACH, FL 33412 US	tered office or regis	tered agent, or both, in the State of Flori	<sub>da.</sub> 02/09/2023
13257 82ND ST N WEST PALM BEA	N ACH, FL 33412 US entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Flori	
13257 82ND ST N WEST PALM BE/ The above named e SIGNATURE:	N ACH, FL 33412 US entity submits this statement for the purpose of changing its regis SAMUEL R. HAUN	tered office or regis	tered agent, or both, in the State of Flori	02/09/2023
13257 82ND ST N WEST PALM BEA The above named e SIGNATURE: Authorized P	N ACH, FL 33412 US entity submits this statement for the purpose of changing its regis SAMUEL R. HAUN Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of Flori	02/09/2023
13257 82ND ST N WEST PALM BE/ The above named of SIGNATURE: Authorized P Title	N ACH, FL 33412 US entity submits this statement for the purpose of changing its regis SAMUEL R. HAUN Electronic Signature of Registered Agent Person(s) Detail :			02/09/2023
13257 82ND ST N WEST PALM BEA The above named e SIGNATURE: Authorized Pa Title Name	N ACH, FL 33412 US entity submits this statement for the purpose of changing its regis SAMUEL R. HAUN Electronic Signature of Registered Agent Person(s) Detail : MGR	Title	MGR	02/09/2023

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: SAMUEL R. HAUN

OWNER

02/09/2023

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: SAM HAUN AIR CONDITIONING LLC

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Current Principal Place of Business:**

Date