

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000162654

**FILED**  
**Feb 14, 2017**  
**Secretary of State**  
**CC9395338147**

**Entity Name:** FLORIDA COLD AIR CONDITIONING LLC

**Current Principal Place of Business:**

4250 SW 72ND WAY  
DAVIE, FL 33314

**Current Mailing Address:**

4250 SW 72ND WAY  
DAVIE , FL 33314 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TOORGEMAN, AVIRAN  
4250 SW 72ND WAY  
DAVIE, FL 33314 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

Date

**Authorized Person(s) Detail :**

Title MGR  
Name TOORGEMAN, AVIRAN  
Address 5555 SW 24 AVENUE  
City-State-Zip: FORT LAUDERDALE FL 33312

Title MGRM  
Name COHEN, YAFIT  
Address 10410 BUENOS AIRES STREET  
City-State-Zip: COOPER CITY FL 33026

Title AMBR  
Name FOSTER, KEVIN D  
Address 7845 63RD ST  
City-State-Zip: PINELLAS PARK FL 33781

*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:** AVIRAN TOORGEMAN

MGR

02/14/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date