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: ROBERT DOUGLAS

Electronic Signature of Signing Authorized Person(s) Detail

Current Mailing Address:

Current Principal Place of Business:

6331 AUTUMN CHASE LANE ORLANDO, FL 32818 US

FEI Number: 46-5561130

6331 AUTUMN CHASE LANE ORLANDO, FL 32818

Name and Address of Current Registered Agent:

DOUGLAS, ROBERT 6331 AUTUMN CHASE LANE ORLANDO, FL 32818 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: ROBERT DOUGLAS

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title MGR Name DOUGLAS, ROBERT Address 6331 AUTUMN CHASE LANE City-State-Zip: ORLANDO FL 32818

01/26/2024

Certificate of Status Desired: No

01/26/2024 Date

Date

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: CERTIFIED LEAK DETECTION & RECTIFICATION LLC

DOCUMENT# L14000071607

MGR

FILED Jan 26, 2024 Secretary of State 3429409503CC