

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000168924

**Entity Name:** SIMPLE FILTER PLAN, LLC

**Current Principal Place of Business:**

1892 BELLAIR BLVD  
ORANGE PARK, FL 32073

**Current Mailing Address:**

1892 BELLAIR BLVD  
ORANGE PARK, FL 32073

**FEI Number:** 47-5241192

**Certificate of Status Desired:** No

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

JACOBS, JEFF  
1892 BELLAIR BLVD  
ORANGE PARK, FL 32073 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                  | Title           | AMBR                 |
| Name            | JACOBS, JEFF         | Name            | JACOBS, BRYAN        |
| Address         | 1892 BELLAIR BLVD    | Address         | 1892 BELLAIR BLVD    |
| City-State-Zip: | ORANGE PARK FL 32073 | City-State-Zip: | ORANGE PARK FL 32073 |

Title AMBR  
Name AIR SOLUTIONS HOLDING, LLC  
Address 2575 EDISON AVE  
City-State-Zip: JACKSONVILLE FL 32204

*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:** JEFF JACOBS

**PRESIDENT**

**03/16/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date