

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000184467

**Entity Name:** BACK BAY AIR CONDITIONING AND REFRIGERATION, LLC

**FILED**  
**Apr 09, 2018**  
**Secretary of State**  
**CC5843844146**

**Current Principal Place of Business:**

680 STONECREST LN  
#2  
CAPE CORAL, FL 33909

**Current Mailing Address:**

680 STONECREST LN  
#2  
CAPE CORAL, FL 33909 US

**FEI Number: 82-2648080**

**Certificate of Status Desired: No**

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

STEIN, GINA  
680 STONECREST LN  
#2  
CAPE CORAL, FL 33909 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            AMBR  
Name            STEIN, MICHAEL G  
Address        680 STONECREST LN  
                  #2  
City-State-Zip: CAPE CORAL FL 33909

Title            AMBR  
Name            STEIN, GINA  
Address        680 STONECREST LN  
                  #2  
City-State-Zip: CAPE CORAL FL 33909

Title            MGR  
Name            RUDD, ROBERT  
Address        680 STONECREST LN  
                  #2  
City-State-Zip: CAPE CORAL FL 33909

*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: GINA STEIN**

**AMBR**

**04/09/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date