

**2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L18000178118

**Entity Name:** ADMIRAL ACQUISITION SUB LLC

**Current Principal Place of Business:**

SUITE 128 1840 N. GREENVILLE AVENUE  
RICHARDSON, TX 75081

**Current Mailing Address:**

SUITE 128 1840 N. GREENVILLE AVENUE  
RICHARDSON, TX 75081 US

**FEI Number:** 36-4905656

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 MEMBER  
Name SERVICE EXPERTS HEATING & AIR  
CONDITIONING LLC  
Address SUITE 128 1840 N. GREENVILLE  
AVENUE  
City-State-Zip: RICHARDSON TX 75081

Title CFO  
Name LEE, MICHAEL  
Address SUITE 128 1840 N. GREENVILLE  
AVENUE  
City-State-Zip: RICHARDSON TX 75081

Title PRESIDENT AND CHIEF EXECUTIVE  
OFFICER  
Name COMSTOCK, ROBERT I. JR.  
Address SUITE 128 1840 N. GREENVILLE  
AVENUE  
City-State-Zip: RICHARDSON TX 75081

Title CHIEF LEGAL OFFICER AND  
SECRETARY  
Name EVANS, WILLIAM S.  
Address SUITE 128 1840 N. GREENVILLE  
AVENUE  
City-State-Zip: RICHARDSON TX 75081

Title ASST. SECRETARY  
Name MORRIS, CAROL  
Address SUITE 128 1840 N. GREENVILLE  
AVENUE  
City-State-Zip: RICHARDSON TX 75081

*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:** CAROL A. MORRIS

ASSISTANT SECRETARY 05/27/2022

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

\_\_\_\_\_ Date