2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L18000178118

Entity Name: ADMIRAL ACQUISITION SUB LLC

## **Current Principal Place of Business:**

3820 AMERICAN DRIVE SUITE 200 PLANO, TX 75075

### **Current Mailing Address:**

3820 AMERICAN DRIVE SUITE 200 PLANO, TX 75075 US

#### FEI Number: 36-4905656

#### 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

#### Authorized Person(s) Detail :

Title	MEMBER	Title	MANAGER, CFO, TREASURER
Name	SERVICE EXPERTS HEATING & AIR	Name	MUGHAL, ADNAN
Address	CONDITIONING 3820 AMERICAN DRIVE SUITE 200	Address	3820 AMERICAN DRIVE SUITE 200
City-State-Zip:	PLANO TX 75075	City-State-Zip:	PLANO TX 75075
Title	MANAGER	Title	SECRETARY, GENERAL COUNSEL
Name	ROGERS, RICHARD R.	Name	LI, TRACY
Address	3820 AMERICAN DRIVE	Address	3820 AMERICAN DRIVE SUITE 200
City-State-Zip:	SUITE 200 PLANO TX 75075	City-State-Zip:	PLANO TX 75075
		Title	VP
Titlo	DDECIDENT	The	VI
Title		Name	LOWE, GEOFF
Title Name Address	KRAUSE, JENINE 3820 AMERICAN DRIVE		
Name Address	KRAUSE, JENINE	Name Address	LOWE, GEOFF 3820 AMERICAN DRIVE
Name Address	KRAUSE, JENINE 3820 AMERICAN DRIVE SUITE 200	Name Address	LOWE, GEOFF 3820 AMERICAN DRIVE SUITE 200
Name Address City-State-Zip:	KRAUSE, JENINE 3820 AMERICAN DRIVE SUITE 200 PLANO TX 75075	Name Address	LOWE, GEOFF 3820 AMERICAN DRIVE SUITE 200
Name Address City-State-Zip: Title	KRAUSE, JENINE 3820 AMERICAN DRIVE SUITE 200 PLANO TX 75075 ASST. SECRETARY	Name Address	LOWE, GEOFF 3820 AMERICAN DRIVE SUITE 200
Name Address City-State-Zip: Title Name Address	KRAUSE, JENINE 3820 AMERICAN DRIVE SUITE 200 PLANO TX 75075 ASST. SECRETARY MORRIS, CAROL 3820 AMERICAN DRIVE	Name Address	LOWE, GEOFF 3820 AMERICAN DRIVE SUITE 200

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.

SECRETARY

SIGNATURE: TRACY LI

# FILED Sep 20, 2019 Secretary of State 8235607219CC

Date

Certificate of Status Desired: No

09/20/2019 Date