

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000178118

**Entity Name:** ADMIRAL ACQUISITION SUB LLC

**Current Principal Place of Business:**

1840 N. GREENVILLE AVENUE  
SUITE 128  
RICHARDSON, TX 75081

**Current Mailing Address:**

1840 N. GREENVILLE AVENUE  
SUITE 128  
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 1840 N. GREENVILLE AVENUE  
SUITE 128  
City-State-Zip: RICHARDSON TX 75081

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

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

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

Title ASSISTANT SECRETARY  
Name MORRIS, CAROL A  
Address 1840 N. GREENVILLE AVENUE  
SUITE 128  
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:** WILLIAM EVANS

**SECRETARY**

**04/15/2024**

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

\_\_\_\_\_  
Date