

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000080528

**Entity Name:** A/C SERVICES PLUS LLC

**Current Principal Place of Business:**

9813 STEPHENSON DR  
NEW PORT RICHEY, FL 34655

**Current Mailing Address:**

9813 STEPHENSON DR  
NEW PORT RICHEY, FL 34655 US

**FEI Number:** 83-4560430

**Certificate of Status Desired:** No

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

EVERHART, DON  
9813 STEPHENSON DR  
NEW PORT RICHEY, FL 34655 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	Title	AUTHORIZED MEMBER
Name	EVERHART, DON	Name	THOMAS, PHILLIP
Address	9813 STEPHENSON DR	Address	8536 CRESCO LN
City-State-Zip:	NEW PORT RICHEY FL 34655	City-State-Zip:	INVERNESS FL 34450

Title	AUTHORIZED MEMBER
Name	BOLLINGER, JACK
Address	1412 FRONT ST
City-State-Zip:	BRANDON FL 33511

*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:** DON EVERHART

AMBR

01/12/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date