

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000000591

Entity Name: A TEAM COOLING TOWERS LLC**Current Principal Place of Business:**845 STREAKER RD
SYKESVILLE, MD 21784**Current Mailing Address:**845 STREAKER RD
SYKESVILLE, MD 21784 US**FEI Number:** 27-1675952**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GRACY, G. ANDREW
C/O PEEBLES & GRACY, P.A.
826 BROADWAY
DUNEDIN, FL 34698 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 | MGR | Title | MEMBER |
| Name | ARBER, KEVIN | Name | FISHEL, KATHLEEN L |
| Address | 1216 ACAPPELLA LANE | Address | 845 STREAKER RD |
| City-State-Zip: | APOLLO BEACH FL 33572 | City-State-Zip: | SYKESVILLE MD 21784 |
| | | | |
| Title | MEMBER | | |
| Name | ARBER, JOHN L | | |
| Address | 845 STREAKER RD | | |
| City-State-Zip: | SYKESVILLE MD 21784 | | |

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: KEVIN ARBER**MANAGING MEMBER****02/16/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date