

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 25, 2002 8:00 am**  
**Secretary of State**

06-25-2002 90441 037 \*\*\*\*50.00

**DOCUMENT #** L00000014217

**1. Entity Name**

Marco Cooling and Refrigeration LLC

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

3401 Progress Ave.

Suite, Apt. #, etc.

**3. Mailing Address**

2140 Lake Park Blvd.

Suite, Apt. #, etc.

**City & State**

Naples, FL

**City & State**

Richardson, TX

**4. FEI Number**

59-3683648

**Applied For**

Not Applicable

**Zip**

34104

**Country**

USA

**Zip**

75080

**Country**

USA

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

Corporation Service Company

**Street Address (P.O. Box Number is Not Acceptable)**

1201 Hays Street

**City**

Tallahassee

**FL**

**Zip Code**

32301

**DO NOT WRITE  
IN THIS SPACE**

**8. 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**

Signature, typed or printed name of registered agent and title if applicable.

**DATE**

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**

Member

**NAME**

Service Experts Inc.

**STREET ADDRESS**

2140 Lake Park Blvd.

**CITY-ST-ZIP**

Richardson, TX 75080

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.**

**SIGNATURE:**

Dennis H. Smith

06/21/2002 (972) 497-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)