

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90164 041 ****50.00

DOCUMENT # L01000011814

1. Entity Name

TOTAL COMFORT, L.L.C.

Principal Place of Business

24107 POTOSI CT.
PUNTA GORDA FL 33955

Mailing Address

24107 POTOSI CT.
PUNTA GORDA FL 33955

2. Principal Place of Business

18290 PAULSON DR #3

3. Mailing Address

Suite, Apt. #, etc.

Fort Charlotte, FL

City & State

33954 (Charlotte Co.)

Zip

Country

US

Country

4. FEI Number

65-1122706

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET, 4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE MGR
NAME KNISLEY, THOMAS C
STREET ADDRESS 24107 POTOSI CT.
CITY-ST-ZIP PUNTA GORDA FL 33955

TITLE MGR
NAME CHEESEMAN, TIMOTHY R
STREET ADDRESS 24107 POTOSI CT.
CITY-ST-ZIP PUNTA GORDA FL 33955

TITLE MGR
NAME BOHALL, CARL E
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

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS 18290 PAULSON DR D384
CITY-ST-ZIP Port Charlotte FL 33954

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS 24107 POTOSI CT.
CITY-ST-ZIP PUNTA GORDA FL 33955

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Carl E Bohall

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

1-16-02 941-623-0333

Date

Daytime Phone #

CR2E083 (9/01)