

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

172

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 MAY 11 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L03000050262

1. Limited Liability Company's Name

Sub Zero Air Conditioning LLC

800174531118  
04/05/10--01066--002 \*\*243.75

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

3738 Benson Av N

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

St Petersburg FL

City & State

Zip

33713

Country

Pinellas

Zip

Country

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

200448340

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JUAN E Arocho

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

3738 Benson Ave North

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33713

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 3-28-2010

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	JUAN E Arocho	3738 Benson Av N	ST PETERSBURG FL 33713

600180665836  
05/10/10--01075--009 \*\*172.50

JB

REINSTATEMENT 2008-10

11. E-mail Address: SubZERO AC @ TAMPA BAY-RR-Com

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of

Managing Member/Manager

*[Signature]*

Date

3-28-2010

Daytime Phone #

727-409-5200

Typed or printed name of signing Managing Member/Manager

JUAN E AROCHO



FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

272  
FILED

10 MAY 11 PM 2:27

April 7, 2010

SUB ZERO AIR CONDITIONING LLC  
3738 BENSON AVE N  
ST. PETERSBURG, FL 33713

SUBJECT: SUB ZERO AIR CONDITIONING LLC  
Ref. Number: L03000050262

We have received your document for SUB ZERO AIR CONDITIONING LLC and your check(s) totaling \$243.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2008 through 2010; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$416.25.

We need an additional check for \$172.50

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 910A00008520

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