

L04000063782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

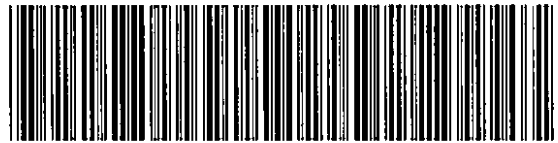
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700317442807

08/24/18--01005--003 **\$5.00

2018 SEP 20 AM 9:40
SECRETARY OF STATE
RECEIVED
HARRISBURG, PENN.

M. MILLIGAN

SEP 20 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 4, 2018

AIR CONDITIONING DOCTOR, LLC
ATTN: JAMES R. LUCKER
464 E DOUGLAS RD
OLDSMAR, FL 34677

SUBJECT: AIR CONDITIONING DOCTOR, LLC
Ref. Number: L04000063782

We have received your document for AIR CONDITIONING DOCTOR, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 918A00018266

2018 SEP 17 AM 10:18
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Air Conditioning Doctor LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

James R. Locker
(Contact Person)

Air Doctor Air Conditioning and Heating Inc.
(Firm/Company)

464 Douglas Rd E.
(Address)

Oldsmar FL 34677
(City/State and Zip Code)

For further information concerning this matter, please call:

James R. Locker at (727) 235 8702
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
2018 SEP 20 AM 9:40
CLERK OF COURT
AT TALLAHASSEE, FLORIDA

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department

of State is: Air Conditioning Doctors, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L04000063782

3. The date this member/manager withdrew/resigned or will withdraw/resign is: Aug 1, 2018

4. I, William Abberger, hereby withdraw/resign as a
(Print Name of Person Resigning)

President
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.

William J. Abberger
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)