

12/20/22, 12:22 PM

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L22000529088**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H2200042724034BCX

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.  
Account Number : I20050000099  
Phone : (813)932-5244  
Fax Number : (813)932-3782

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: info@activatemyllicense.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FLORIDA AIR CONDITIONING SERVICE LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

DEC 22 2022

11:11 AM

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December 21, 2022

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FLORIDA AIR CONDITIONING SERVICE LLC  
12509 CARDIFF DRIVE  
TAMPA, FL 33625

SUBJECT: FLORIDA AIR CONDITIONING SERVICE LLC  
REF: L22000529088

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

THE CORRECT DOCUMENT TO UPDATE THE EFFECTIVE DATE IS TO FILE THE STATEMENT OF CORRECTION.

If you have any further questions concerning your document, please call (850) 245-6939.

Catherine M Brumbley  
Regulatory Specialist III  
Internet Support

FAX Aud. #: H22000427240  
Letter Number: 422A00028497

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**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: FLORIDA AIR CONDITIONING SERVICE LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KIM RITTER

\_\_\_\_\_  
Name of Person

CONTRACTORS' REPORTING SERVICE INC

\_\_\_\_\_  
Firm/Company

23110 SR 54 PMB 336

\_\_\_\_\_  
Address

LUTZ, FL 33549

\_\_\_\_\_  
City/State and Zip Code

INFO@ACTIVATEMYLICENSE.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIM RITTER

813

932-5244

at (

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

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**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: \_\_\_\_\_  
FLORIDA AIR CONDITIONING SERVICE LLC

**SECOND:** The Florida Document number of the limited liability company is: 1.22000529088

**THIRD:** Document to be corrected is: EFFECTIVE DATE

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

THE EFFECTIVE DATE SHALL BE JANUARY 2, 2023 - FILED IN ERROR W/ AN IMMEDIATE EFFECT

DATE.

LLC EFFECTIVE DATE IS TO BE JANUARY 2, 2023

**OR**



Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OR**



The electronic transmission of the record was defective.

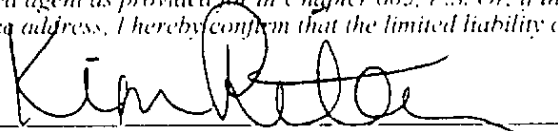
Signature of Authorized Representative

Date

Signature of new registered agent, if applicable :( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
\_\_\_\_\_  
Registered Agent's Signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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