

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M08000004153

**FILED**  
**Sep 29, 2010**  
**Secretary of State**

**Entity Name:** ABSOLUTE COMFORT SERVICE, LLC

**Current Principal Place of Business:**

844 SAILFISH CT  
PENSACOLA, FL 32507

**New Principal Place of Business:**

14350 SEMMES ST.  
PENSACOLA, FL 32507

**Current Mailing Address:**

844 SAILFISH CT  
PENSACOLA, FL 32507

**New Mailing Address:**

P. O. BOX 3084  
PENSACOLA, FL 32516

**FEI Number:** 33-1213444

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOLIDAY, BRIAN K  
844 SAILFISH CT  
PENSACOLA, FL 32507 US

**Name and Address of New Registered Agent:**

HOLIDAY, BRIAN K  
14350 SEMMES ST.  
PENSACOLA, FL 32507 US

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: BRIAN K. HOLIDAY

09/29/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HOLIDAY, BRIAN K  
Address: 14350 SEMMES ST.  
City-St-Zip: PENSACOLA, FL 32507

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: BRIAN K. HOLIDAY

MGR.

09/29/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date