

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000004153

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

14350 SEMMES ST.  
PENSACOLA, FL 32507

**New Principal Place of Business:**

14447 RIVER RD.  
PENSACOLA, FL 32507

**Current Mailing Address:**

P. O. BOX 3084  
PENSACOLA, FL 32516

**New Mailing Address:**

**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  
14350 SEMMES ST.  
PENSACOLA, FL 32507 US

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

HOLIDAY, BRIAN K  
14447 RIVER RD.  
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

01/05/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HOLIDAY, BRIAN K  
Address: 14447 RIVER RD.  
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

01/05/2012

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