# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

VP

# SIGNATURE: PETER J LETO

Electronic Signature of Signing Officer/Director Detail

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# P03000112065

Entity Name: INDEPENDENT AIR CONDITIONING INC

### **Current Principal Place of Business:**

3424 EAST 7TH AVENUE TAMPA, FL 33605

#### **Current Mailing Address:**

3424 EAST 7TH AVENUE TAMPA, FL 33605 US

# FEI Number: 20-0293269

## Name and Address of Current Registered Agent:

LETO, PETER P 3424 E. 7TH AVE. TAMPA, FL 33605 US

The above named entity e of Florida.

#### SIGNATURE:

Officer/Director

Title	Р	Title	V
Name	LETO, PETER P	Name	LETO, PETER J
Address	PO BOX 5124	Address	3424 E. 7TH AVE.
City-State-Zip:	SUN CITY CENTER FL 33571	City-State-Zip:	TAMPA FL 33605

ntity submits this statement for the purpose of cl	hanging its registered office or re	egistered agent, or both, in the	State
Electronic Signature of Registered Agent			
or Detail :			
5	Title	V	
	Name	LETO PETER I	

Certificate of Status Desired: No

Date

01/23/2023 Date

FILED Jan 23, 2023 Secretary of State 3898971775CC