## 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000020024

**Entity Name: CHILLER MEDIC INC** 

**Current Principal Place of Business:** 

8933 WESTERN WAY

SUITE 18 JACKSONVILLE, FL 32256

## **Current Mailing Address:**

8933 WESTERN WAY SUITE 18 JACKSONVILLE, FL 32256 US

FEI Number: 45-5306097 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

LAMPP, DAVID FLETCHER JR. 8933 WESTERN WAY SUITE 18 JACKSONVILLE, FL 32256 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: DAVID FLETCHER LAMPP JR 02/05/2024

> Electronic Signature of Registered Agent Date

## Officer/Director Detail:

PRESIDENT Title

LAMPP, DAVID FLETCHER JR. Name

8933 WESTERN WAY Address

SUITE 18

City-State-Zip: JACKSONVILLE FL 32256

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.

02/05/2024 SIGNATURE: DAVID LAMPP **PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail

Date

**FILED** Feb 05, 2024

**Secretary of State** 

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