

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000063782

**Entity Name:** AIR CONDITIONING DOCTOR, LLC

**Current Principal Place of Business:**

464 E. DOUGLAS ROAD  
OLDSMAR, FL 34677

**Current Mailing Address:**

464 E. DOUGLAS ROAD  
OLDSMAR, FL 34677

**FEI Number:** 90-0194977

**Certificate of Status Desired:** No

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

ABBERGER, WILLIAM  
464 E. DOUGLAS ROAD  
OLDSMAR, FL 34677 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title P  
Name ABBERGER, WILLIAM  
Address 5444 BELLEVIEW AVE  
City-State-Zip: NEW PORT RICHEY FL 34652

Title VP  
Name LUCKER, JAMES R  
Address 5512 WINHAWK WAY  
City-State-Zip: LUTZ FL 33558

Title VP  
Name LUCKER, SANDRA  
Address 5512 WINHAWK WAY  
City-State-Zip: LUTZ FL 33558

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES R. LUCKER

VP

01/08/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date