

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000117188

**Entity Name:** AIR-MASTERS HVAC MECHANICAL SERVICES. LLC

**Current Principal Place of Business:**

6970 BUSINESS PARK BLVD NORTH  
SUITE 11  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

6970 BUSINESS PARK BLVD NORTH  
SUITE 11  
JACKSONVILLE, FL 32256 US

**FEI Number:** 80-0516824

**Certificate of Status Desired:** No

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

FREDRICKSON, TIMOTHY J  
6970 BUSINESS PARK BLVD NORTH  
SUITE 11  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name FREDRICKSON, TIMOTHY J  
Address 14615 BERRINGER LN  
City-State-Zip: JACKSONVILLE FL 32258

Title MGR  
Name SOWERS, ANGELA M  
Address 6970 BUSINESS PARK BLVD NORTH  
SUITE 11  
City-State-Zip: JACKSONVILLE FL 32256

Title MGR  
Name SOWERS, KYLE BRANDON  
Address 6970 BUSINESS PARK BLVD NORTH  
SUITE 11  
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 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:** TIMOTHY J FREDRICKSON

MGR

02/06/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date