

**2022 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:** Yes**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	PRESIDENT / CEO
Name	FREDRICKSON, TIMOTHY J
Address	14615 BERRINGER LN
City-State-Zip:	JACKSONVILLE FL 32258
Title	OPERATIONS DIRECTOR / COO
Name	SOWERS, KYLE BRANDON
Address	6970 BUSINESS PARK BLVD NORTH SUITE 11
City-State-Zip:	JACKSONVILLE FL 32256

Title	ADMINISTRATOR / CFO
Name	SOWERS, ANGELA M
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

PRESIDENT / CEO

02/16/2022

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