

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000178624

**Entity Name:** DR. KOOL AIR CONDITIONING & REFRIGERATION, LLC

**Current Principal Place of Business:**

24951 OLD 41 RD. STE 7  
BONITA SPRINGS, FL 34135

**Current Mailing Address:**

P.O. BOX 10036  
NAPLES, FL 34101 US

**FEI Number:** 46-4392462

**Certificate of Status Desired:** No

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

MANER, MARK D  
24951 OLD 41 RD. STE 7  
BONITA SPRINGS, FL 34135 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 MGRM  
Name MANER, MARK D  
Address 24951 OLD 41 RD. STE 7  
City-State-Zip: BONITA SPRINGS FL 34135

*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:** MARK D. MANER

**OWNER**

**01/08/2015**

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

\_\_\_\_\_  
Date