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 MANER

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000178624

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

Current Principal Place of Business:

10911 HARMONY DRIVE UNIT #2 BONITA SPRINGS, FL 34135

Current Mailing Address:

10911 HARMONY DRIVE **UNIT #2** BONITA SPRINGS, FL 34135 US

FEI Number: 46-4392462

Name and Address of Current Registered Agent:

MANER, MARK D 10711 STRIKE LN 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

Authorized Person(s) Detail :

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

FILED Jan 26, 2023 Secretary of State 9021556587CC

Date

Certificate of Status Desired: Yes

Electronic Signature of Signing Authorized Person(s) Detail

01/26/2023 Date