

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000113832

**Entity Name:** THE A/C DUCTOLOGIST, LLC

**Current Principal Place of Business:**

10424 W. STATE ROAD 84  
UNIT #8  
DAVIE, FL 33324

**Current Mailing Address:**

10424 W. STATE ROAD 84  
UNIT #8  
DAVIE, FL 33324 US

**FEI Number:** 47-4466804

**Certificate of Status Desired:** No

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

MOURADIAN, THOMAS  
8695 SW 52ND STREET  
COOPER CITY, FL 33328 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            AMBR  
Name            MOURADIAN, THOMAS  
Address        8695 SW 52ND STREET  
City-State-Zip: COOPER CITY FL 33328

*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:** THOMAS MOURADIAN

AMBR

04/24/2019

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

\_\_\_\_\_  
Date