

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000104817

**Entity Name:** P.S. COMFORT SOLUTIONS LLC

**Current Principal Place of Business:**

62 WEST NORTH SHORE AVENUE  
NORTH FORT MYERS, FL 33903

**Current Mailing Address:**

62 WEST NORTH SHORE AVENUE  
NORTH FORT MYERS, FL 33903 US

**FEI Number:** 82-1491068

**Certificate of Status Desired:** No

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

OWENS, STEPHEN K  
62 WEST NORTH SHORE AVENUE  
NORTH FORT MYERS, FL 33903 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 OWENS, STEPHEN K  
Address 62 WEST NORTH SHORE AVENUE  
City-State-Zip: NORTH FORT MYERS FL 33903

*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:** STEPHEN K OWENS

MGR

04/04/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date