

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000002429

**Entity Name:** DHR MECHANICAL SERVICES-ORLANDO, LLC**Current Principal Place of Business:**9632 KATY DR., STE. D4 & D5  
HUDSON, FL 34667**Current Mailing Address:**9632 KATY DR., STE. D4 & D5  
HUDSON, FL 34667 US**FEI Number:** 20-3196634**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** DIANA D. BAAR

02/06/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name KELSO INDUSTRIES LLC  
Address 9632 KATY DR., STE. D4 & D5  
City-State-Zip: HUDSON FL 34667

Title P  
Name CARROLL, STEVE  
Address 9632 KATY DR., STE. D4 & D5  
City-State-Zip: HUDSON FL 34667

Title SVP  
Name NICHOLSON, STEVE  
Address 9632 KATY DR., STE. D4 & D5  
City-State-Zip: HUDSON FL 34667

Title VP  
Name ALLEN, CECIL  
Address 9632 KATY DR., STE. D4 & D5  
City-State-Zip: HUDSON FL 34667

Title VP  
Name MEITZNER, GARRICK  
Address 9632 KATY DR., STE. D4 & D5  
City-State-Zip: HUDSON FL 34667

*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:** DIANA D. BAAR**AUTHORIZED  
SIGNATORY**

02/06/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date