# 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: KEITH BOWMAN

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# M19000010792

#### Entity Name: INDUSTRIAL COMPRESSOR SUPPLIES LLC

### Current Principal Place of Business:

316 FEE FEE ROAD MARYLAND HEIGHTS, MO 63043

## **Current Mailing Address:**

1555 DETRICK AVE DELAND, FL 32724 US

### FEI Number: 77-0670318

## Name and Address of Current Registered Agent:

BOWMAN, KEITH 1555 DETRICK AVE DELAND, FL 32724 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	MGR	Title	MEM
Name	BOWMAN, KEITH	Name	BOWMAN, KEITH
Address	316 FEE FEE ROAD	Address	316 FEE FEE ROAD
City-State-Zip:	MARYLAND HEIGHTS MO 63043	City-State-Zip:	MARYLAND HEIGHTS MO 63043
Title	AP	Title	AP
Title Name	AP BOWMAN, KEITH	Title Name	AP BOWMAN, KYLE
Name	BOWMAN, KEITH 316 FEE FEE ROAD	Name	BOWMAN, KYLE

02/12/2021

FILED Feb 12, 2021 Secretary of State 6351389156CC

Date

Certificate of Status Desired: No

OWNER

Date