

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000229697

**Entity Name:** SPECIALTY AIR CONDITIONING, LLC

**Current Principal Place of Business:**

2637 COURTLAND AVE  
NORTH PORT, FL 34286

**Current Mailing Address:**

P.O. BOX 7019  
NORTH PORT, FL 34290 US

**FEI Number: 88-2526535**

**Certificate of Status Desired: No**

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

SMITH, THERON  
2637 COURTLAND AVE  
NORTH PORT, FL 34286 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            SMITH, THERON  
Address        2637 COURTLAND AVE  
City-State-Zip: NORTH PORT FL 34286

*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: SMITH , THERON**

**AMBR**

**04/27/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date