POSNER, STACEY R 707 FOXPOINTE CIRCLE DELRAY BEACH, FL 33445 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	STACEY R. POSNER			01/
	Electronic Signature of Registered Agent			
Officer/Director Detail :				
Title	P/D	Title	T/D	
Name	POSNER, MICHAEL	Name	POSNER, CHAD	
Address	707 FOXPOINTE CIRCLE	Address	707 FOXPOINTE CIRCLE	
City-State-Zip:	DELRAY BEACH FL 33445	City-State-Zip:	DELRAY BEACH FL 33445	
Title	S	Title	D	

Name

Address

City-State-Zip:

RUYBAL, BRITT

707 FOXPOINTE CIRCLE

DELRAY BEACH FL 33445

### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000005634

Entity Name: MOBILEVETHELPSU INC.

### **Current Principal Place of Business:**

707 FOXPOINTE CIRCLE DELRAY BEACH. FL 33445

### **Current Mailing Address:**

707 FOXPOINTE CIRCLE DELRAY BEACH. FL 33445 US

## FEI Number: 85-3802693

### Name and Address of Current Registered Agent:

CUTLER, STACEY

City-State-Zip: DELRAY BEACH FL 33445

707 FOXPOINTE CIRCLE

POSNER, STACEY R 707 FOXP DELRAY E

Name

Address

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL C POSNER

PRESIDENT

01/31/2024

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Jan 31, 2024 Secretary of State 6698346112CC

01/31/2024 Date

Certificate of Status Desired: Yes