

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000092348

**Entity Name:** M COMPLETE AUTO REPAIR, INC.

**Current Principal Place of Business:**

4411 NORTH LOIS AVE.  
TAMPA, FL 33614

**Current Mailing Address:**

4411 NORTH LOIS AVE.  
TAMPA, FL 33614

**FEI Number:** 20-0223428

**Certificate of Status Desired:** No

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

LAMONTE, MICHAEL DP  
4411 NORTH LOIS AV  
TAMPA, FL 33614 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:** MICHAEL LAMONTE

01/09/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                      |                 |                     |
|-----------------|----------------------|-----------------|---------------------|
| Title           | VP                   | Title           | PRESIDENT           |
| Name            | ZUPPELLI, JAMES      | Name            | LAMONTE, MICHAEL    |
| Address         | 4411 NORTH LOIS AVE. | Address         | 4411 NORTH LOIS AVE |
| City-State-Zip: | TAMPA FL 33614       | City-State-Zip: | TAMPA FL 33614      |

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL LAMONTE

PRESIDENT

01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date