

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000010082

Entity Name: LE JEUNE AUTO CLINIC, INC.

Current Principal Place of Business:

4020 EAST 8TH AVENUE
HIALEAH, FL 33013

Current Mailing Address:

4020 EAST 8TH AVENUE
HIALEAH, FL 33013

FEI Number: 27-4731713

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARRERO, NAIADÉ
8207 NW 199 STREET
HIALEAH, FL 33015 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

Officer/Director Detail :

Title PSTD
Name MARRERO, NAIADÉ
Address 8207 NW 199 STREET
City-State-Zip: HIALEAH FL 33015

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: MARRERO, NAIADÉ

PSTD

01/19/2017

Electronic Signature of Signing Officer/Director Detail

Date