# 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.

PRESIDENT

## SIGNATURE: LETICIA QUINTERO

Electronic Signature of Signing Officer/Director Detail

#### 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P16000029800

Entity Name: LETRON SERVICE CORP

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

15513 SW 308 STREET LEISURE CITY, FL 33033

#### **Current Mailing Address:**

15513 SW 308 STREET LEISURE CITY. FL 33033 US

## FEI Number: 81-2110906

# Name and Address of Current Registered Agent:

QUINTERO, LETICIA 14533 SW 285 TER HOMESTEAD, FL 33033 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

## Officer

Title	P	Title	VP
Name	QUINTERO, LETICIA	Name	RODRIGUEZ, RONNY
Address	14533 SW 285 TER	Address	14533 SW 285 TER
City-State-Zip:	HOMESTEAD FL 33033	City-State-Zip:	HOMESTEAD FL 33033

	Liectionic Signature of Registered Agent			
er/Director Detail :				
	Ρ	Title	VP	
	QUINTERO, LETICIA	Name	RODRIGUEZ, RONNY	
S	14533 SW 285 TER	Address	14533 SW 285 TER	

FILED Feb 17, 2024 Secretary of State 0950020140CC

Date

Certificate of Status Desired: No

02/17/2024

Date