

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000082619

**Entity Name:** MRSA, CORP.

**Current Principal Place of Business:**

8547 LONGFORD DR  
JACKSONVILLE, FL 32244

**Current Mailing Address:**

8547 LONGFORD DR  
JACKSONVILLE, FL 32244

**FEI Number: 85-3457971**

**Certificate of Status Desired: No**

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

HLL CORP  
12708 SAN JOSE BLVD.  
SUITE 1B  
JACKSONVILLE, FL 32223 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            P  
Name            ABAD, MACARIO R IV  
Address        8547 LONGFORD DR  
City-State-Zip: JACKSONVILLE FL 32244

Title            VP  
Name            ABAD, ROSARIO S  
Address        8547 LONGFORD DR  
City-State-Zip: JACKSONVILLE FL 32244

*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: MACARIO R. ABAD**

**P**

**04/27/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date