

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000008306

**Entity Name:** 24-7 MOBILE SERVICES, LLC

**Current Principal Place of Business:**

8567 SW 24 STREET  
#210  
MIAMI, FL 33155

**Current Mailing Address:**

8567 SW 24 STREET  
#210  
MIAMI, FL 33155 US

**FEI Number:** 32-0137113

**Certificate of Status Desired:** No

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

ALFONSO, MARTHA  
8567 SW 24 STREET  
#210  
MIAMI, FL 33155 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

**Authorized Person(s) Detail :**

Title MGR  
Name ALFONSO, MARTHA  
Address 27300 SW 168 AVE  
City-State-Zip: MIAMI FL 33031

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** MARTHA ALFONSO

**OWNER**

**03/06/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date