

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000008722

**Entity Name:** ALL MEDICAL REPAIRS, LLC

**Current Principal Place of Business:**

1791 BLOUNT ROAD  
SUITE 715  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

1791 BLOUNT ROAD  
SUITE 715  
POMPANO BEACH, FL 33069

**FEI Number:** 20-4167981

**Certificate of Status Desired:** No

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

LOPEZ, RAFAEL  
4954 NW 6 ST.  
COCONUT CREEK, FL 33063 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 MGRM  
Name LOPEZ, RAFAEL  
Address 4954 NW 6 ST.  
City-State-Zip: COCONUT CREEK FL 33063

Title MGRM  
Name LOPEZ, KIM E  
Address 4954 NW 6 ST.  
City-State-Zip: COCONUT CREEK FL 33063

Title AUTHORIZED MEMBER  
Name LOPEZ, CHRISTOPHER R  
Address 1791 BLOUNT ROAD  
SUITE 715  
City-State-Zip: POMPANO BEACH FL 33069

*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:** KIM E LOPEZ

**SECRETARY**

**02/02/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date