

2016 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

MGRM

01/22/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date