# 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.

OWNER

SIGNATURE: MIKEL LEIZAOLA

Electronic Signature of Signing Authorized Person(s) Detail

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000091776

Entity Name: TOOLBOX SERVICE LLC.

#### Current Principal Place of Business:

2060 SW 71ST TERRACE F-2 DAVIE, FL 33317

### **Current Mailing Address:**

2060 SW 71ST TERRACE F-2 DAVIE, FL 33317

### FEI Number: 46-3061636

### Name and Address of Current Registered Agent:

LEIZAOLA, MIKEL 758 LAVENDER CIRCLE WESTON, FL 33327 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

## Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	LEIZAOLA, MIKEL	Name	LEIZAOLA, MONICA
Address	758 LAVENDER CIRCE	Address	758 LAVENDER CIRCLE
City-State-Zip:	WESTON FL 33327	City-State-Zip:	WESTON FL 33327

FILED Mar 04, 2024 Secretary of State 5345673792CC

Certificate of Status Desired: Yes

03/04/2024

Date