# that my name appears above, or on an attachment with all other like empowered. SIGNATURE: MIKEL LEIZAOLA OWNER/MGR

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: TOOLBOX SERVICE LLC.

Current Principal Place of Business:

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

## **Current Mailing Address:**

DOCUMENT# L13000091776

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.

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

### SIGNATURE:

Electronic Signature of Registered Agent

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### 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	
Jul 10, 2023	
Secretary of State	
8564332495CC	

Certificate of Status Desired: No

07/10/2023

Date

Date