

**2014 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

**Certificate of Status Desired:** Yes

**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

\_\_\_\_\_  
Date

**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

*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:** MIKEL LEIZAOLA

**MGR**

**03/20/2014**

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

\_\_\_\_\_  
Date