

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000094746

Entity Name: MORENO MOBILE MEDICAL , LLC

Current Principal Place of Business:

4005 GEORGETOWN CT
SAINT CLOUD, FL 34772

Current Mailing Address:

4005 GEORGETOWN CT
SAINT CLOUD, FL 34772 US

FEI Number: 46-3103694

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORENO, HECTOR
4005 GEORGETOWN CT
SAINT CLOUD, FL 34772 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: HECTOR MORENO

04/29/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name MORENO, HECTOR JR.
Address 180 CHERRYWOOD DRIVE
City-State-Zip: MAITLAND FL 32751

Title AUTHORIZED MEMBER
Name MORENO, DANNY
Address 4005 GEORGETOWN CT
City-State-Zip: SAINT CLOUD FL 34772

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: HECTOR MORENO

MANAGER

04/29/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date