

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000094746

Entity Name: MORENO MOBILE MEDICAL , LLC

Current Principal Place of Business:

3999 SW 51ST COURT
OCALA, FL 34474

Current Mailing Address:

3999 SW 51ST COURT
OCALA, FL 34474

FEI Number: 46-3103694

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORENO, DANNY
3999 SW 51ST COURT
OCALA, FL 34474 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 MORENO, HECTOR JR.
Address 1717 DAUPHIN LN
City-State-Zip: ORLANDO FL 32803

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, JR

PRESIDENT

04/30/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date