

**2020 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**

**05/01/2020**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                       |                 |                      |
|-----------------|-----------------------|-----------------|----------------------|
| Title           | MANAGER               | Title           | AUTHORIZED MEMBER    |
| Name            | MORENO, HECTOR JR.    | Name            | MORENO, DANNY        |
| Address         | 4005 GEORGETOWN COURT | Address         | 4005 GEORGETOWN CT   |
| City-State-Zip: | SAINT CLOUD FL 34772  | 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**

**TITLE MANAGER**

**05/01/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date