

2016 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, DANNY
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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM	Title	MANAGER
Name	MORENO, HECTOR JR.	Name	MORENO, DANNY
Address	1717 DAUPHIN LN	Address	4005 GEORGETOWN CT
City-State-Zip:	ORLANDO FL 32803	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: DANNY MORENO

TITLE MANAGER

03/01/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date