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.		

OWNER

SIGNATURE: ANTHONY RODRIGUEZ

Electronic Signature of Signing Authorized Person(s) Detail

litle	AMBR
Name	RODRIGUEZ, ANTHONY
Address	215 W 39 PL
City-State-Zip:	HIALEAH FL 33012

SIGNATURE: ANTHONY RODRIGUEZ

Electronic Signature of Registered Agent

Authorized Person(s) Detail :		
Title	AMBR	
Name	RODRIGUEZ, ANTHONY	

HIALEAH, FL 33012

DOCUMENT# L15000149102

## **Current Mailing Address:** 215 W 39 PL

215 W 39 PL

HIALEAH, FL 33012 US

## FEI Number: 47-5007410

# Name and Address of Current Registered Agent:

Entity Name: 24 HOUR TECH SERVICE, LLC

**Current Principal Place of Business:** 

RODRIGUEZ, ANTHONY 215 W 39 PL HIALEAH, FL 33012 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.

## 2017 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

### FILED Jul 18, 2017 Secretary of State CC6507298688

Certificate of Status Desired: No

07/18/2017 Date

Date

07/18/2017