| FEI Number: 81-4441886 C<br>Name and Address of Current Registered Agent:  |   | Certificate of Status Desired: No   |   |
|--|---|---|---|
| MENT, INC<br>S AVE<br>04 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. |   |   |   |
| JUAN SANTAELLA   |   |   | 06/18/2020  |
| Electronic Signature of Registered Agent   |   |   | Date  |
| erson(s) Detail :  |   |   |   |
| AUTHORIZED MEMBER  | Title   | AR  |   |
| MARQUEZ, RUBEN D   | Name  | PASAN ACCOUNTING  |   |
| 9702 UNIVERSAL BLDV<br>APT B225  | Address   | 2310 W WATERS AVE<br>SUITE D  |   |
| ORLANDO FL 32819   | City-State-Zip:   | TAMPA FL 33604  |   |
|  |   |   |   |
|  |   |   |   |
|  |   |   |   |
|  | Idress of Current Registered Agent:<br>MENT, INC<br>S AVE<br>04 US<br>entity submits this statement for the purpose of changing its regist<br>of UAN SANTAELLA<br>Electronic Signature of Registered Agent<br>erson(s) Detail :<br>AUTHORIZED MEMBER<br>MARQUEZ, RUBEN D<br>9702 UNIVERSAL BLDV<br>APT B225 | Idress of Current Registered Agent:   MENT, INC   S AVE   04 US   entity submits this statement for the purpose of changing its registered office or regis   JUAN SANTAELLA   Electronic Signature of Registered Agent   erson(s) Detail :   AUTHORIZED MEMBER Title   MARQUEZ, RUBEN D Name   9702 UNIVERSAL BLDV Address   APT B225 Address | Idress of Current Registered Agent:   MENT, INC   S AVE   04 US   entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floc   JUAN SANTAELLA   Electronic Signature of Registered Agent   erson(s) Detail :   AUTHORIZED MEMBER Title   MARQUEZ, RUBEN D Name   9702 UNIVERSAL BLDV Address   APT B225 SUITE D |

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.

AR

SIGNATURE: PASAN ACCOUNTING

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L16000166902 Entity Name: HORSPOWER BODY SHOP, LLC

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# **Current Principal Place of Business:**

5016 DENVER ST TAMPA, FL 33619

### **Current Mailing Address:**

5016 DENVER ST TAMPA, FL 33619 US

# FILED Jun 18, 2020 Secretary of State 3147210418CC

06/18/2020 Date