# 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: KEVIN LOPEZ

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: WOUNDED VETERAN TRUCKING LLC

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### **Current Principal Place of Business:**

16608 KEYLIME BLVD LOXAHATCHEE, FL 33470

#### **Current Mailing Address:**

16608 KEYLIME BLVD LOXAHATCHEE, FL 33470

DOCUMENT# L16000200467

### FEI Number: 81-4314872

#### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

LOPEZ, KEVIN 16608 KEYLIME BLVD LOXAHATCHEE, FL 33470 US

Authorized Person(s) Detail :

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:

Title	PRES	Title	VP
Name	LOPEZ, KEVIN	Name	PIEDRAHITA, CYNDI
Address	16608 KEYLIME BLVD	Address	16608 KEYLIME BLVD
City-State-Zip:	LOXAHATCHEE FL 33470	City-State-Zip:	LOXAHATCHEE FL 33470

PRESIDENT

Certificate of Status Desired: No

Date

04/08/2020 Date

FILED Apr 08, 2020 Secretary of St

## Secretary of State 0586736692CC