

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000238612

Entity Name: 1 HOUR LAB TEST, LLC

Current Principal Place of Business:

46005 MCLEOD RD
MYAKKA CITY, FL 34251

Current Mailing Address:

46005 MCLEOD RD
MYAKKA CITY, FL 34251 US

FEI Number: 83-2250632

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLORIDA REGISTERED AGENT LLC
3030 N ROCKY POINT DR
STE 150A
TAMPA, FL 33607 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 MGR
Name SHOWALTER, NATHAN D
Address 46005 MCLEOD RD
City-State-Zip: MYAKKA CITY FL 34251

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: NATHAN SHOWALTER

MGR

01/08/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date