## 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: JENNIFER MANOUSAKIS

Electronic Signature of Signing Authorized Person(s) Detail

# FEI Number: 83-4387939 Name and Address of Current Registered Agent:

MANOUSAKIS, JENNIFER L 2 LONETREE LOOK ORMOND BEACH, FL 32174 US

DOCUMENT# L19000084864

2 LONETREE LOOK

ORMOND BEACH. FL 32174

**Current Mailing Address:** 

ORMOND BEACH. FL 32174 US

2 LONETREE LOOK

**Current Principal Place of Business:** 

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: JENNIFER MANOUSAKIS

Electronic Signature of Registered Agent

### Authorized Person(s) Detail :

Title OWNER Name MANOUSAKIS, JENNIFER L Address 2 LONETREE LOOK City-State-Zip: ORMOND BEACH FL 32174

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: SEATING AND MOBILITY CONSULTANTS LLC

#### FILED Mar 03, 2024 Secretary of State 0221105829CC

Certificate of Status Desired: No

03/03/2024 Date

Date

03/03/2024

OWNER