

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000126732

**Entity Name:** JAX 24 HR MOBILE SERVICE LLC

**Current Principal Place of Business:**

11901 ABESS BLVD APT 3335  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

11901 ABESS BLVD APT 3335  
JACKSONVILLE, FL 32225

**FEI Number:** 84-1800526

**Certificate of Status Desired:** No

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

FALLAHA, HOMAM  
11901 ABESS BLVD  
3335  
JACKSONVILLE, FL 32225 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            AMBR  
Name            FALLAHA, HOMAM  
Address        11901 ABESS BLVD APT 3335  
City-State-Zip: JACKSONVILLE FL 32225

*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:** HOMAM FALLAHA

AMBR

04/24/2023

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date