

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000213431

**Entity Name:** MATT AUTO CARE. LLC

**Current Principal Place of Business:**

5941 CASA DEL REY CIRCLE  
B  
ORLANDO, FL 32809

**Current Mailing Address:**

5941 CASA DEL REY CIRCLE  
B  
ORLANDO, FL 32809 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MEDINA, MALAQUIAS SR  
5941 CASA DEL REY CIRCLE  
B  
ORLANDO, FL 32809 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 AP  
Name MEDINA, MALAQUIAS SR  
Address 5941 CASA DEL REY CIRCLE  
City-State-Zip: ORLANDO FL 32809

Title MGR  
Name BASTARDO, ILEANA MS  
Address 5941 CASA DEL REY CIRCLE  
City-State-Zip: ORLANDO FL 32809

*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:** MALAQUIAS MEDINA

**MANAGER**

**06/15/2020**

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

\_\_\_\_\_  
Date