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.

OWNER

SIGNATURE: NICHOLAS LEFILS

Electronic Signature of Signing Authorized Person(s) Detail

# 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L19000302052

Entity Name: MINT CONDITION FLOOR RESTORATION AND EMERGENCY SERVICES, LLC

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

148 MARK DAVID BLVD CASSELBERRY, FL 32707

## **Current Mailing Address:**

148 MARK DAVID BLVD CASSELBERRY, FL 32707

### FEI Number: 84-4036922

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

NICHOLAS LEFILS 148 MARK DAVID BLVD CASSELBERRY, FL 32707 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: NICHOLAS LEFILS

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Title MGR Name LEFILS, NICHOLAS B Address 148 MARK DAVID BLVD City-State-Zip: CASSELBERRY FL 32707

Certificate of Status Desired: No

01/30/2023

Date

FILED Jan 30, 2023 Secretary of State 3098280712CC

> 01/30/2023 Date