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

SIGNATURE: OCTAVIAN MARSHALL

Electronic Signature of Signing Authorized Person(s) Detail

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000055321

Entity Name: MARSHALL'S ENTERPRISE SERVICES LLC

Current Principal Place of Business:

4211 AVENUE R FORT PIERCE, FL 34947

Current Mailing Address:

2139 86TH AVENUE VERO BEACH. FL 32966

FEI Number: 84-4881317

Name and Address of Current Registered Agent:

MARSHALL, OCTAVIAN 4211 AVENUE R FORT PIERCE, FL 34947 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:

Authorized Person(s) Detail :				
Title	AUTHORIZED REPRESENTATIVE	Title		

Electronic Signature of Registered Agent

Title	AUTHORIZED REPRESENTATIVE	Title	PRESIDENT, MANAGER
Name	HINES, ANESHIA	Name	OCTAVIAN , MARSHALL
Address	2139 86TH AVENUE	Address	4211 AVENUE R
City-State-Zip:	VERO BEACH FL 32966	City-State-Zip:	FORT PIERCE 34947

that my name appears above, or on an attachment with all other like empowered.

PRESIDENT

05/01/2024 Date

FILED May 01, 2024 Secretary of State 7244270116CC

Certificate of Status Desired: No

Date