

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000179282

**Entity Name:** EASTERN MODALITIES, LLC

**Current Principal Place of Business:**

2212 S CHICKASAW TRL  
SUITE 173  
ORLANDO, FL 32825

**Current Mailing Address:**

2212 S CHICKASAW TRL  
SUITE 173  
ORLANDO, FL 32825

**FEI Number:** 88-0589051

**Certificate of Status Desired:** No

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

MARTIN-RODRIGUEZ, JACQUELINE  
2212 S CHICKASAW TRL  
SUITE 173  
ORLANDO, FL 32825 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 MGR  
Name MARTIN-RODRIGUEZ, JACQUELINE  
Address 2212 S CHICKASAW TRL STE 173  
City-State-Zip: ORLANDO FL 32835

Title AMBR  
Name MARTIN-RODRIGUEZ, JACQUELINE  
Address 2212 S CHICKASAW TRL STE 173  
City-State-Zip: ORLANDO FL 32825

Title AMBR  
Name RODRIGUEZ, JUAN C  
Address 2212 S CHICKASAW TRL STE 173  
City-State-Zip: ORLANDO FL 32825

*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:** JACQUELINE MARTIN-RODRIGUEZ

MGR

01/19/2023

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

\_\_\_\_\_  
Date