Name ar	d Address of Current Registered Agent:		
WILSON, N 1015 JOEL LEHIGH AG			
The above n	amed entity submits this statement for the purpose of changing its	registered office or	registered
SIGNAT	JRE:		
	Electronic Signature of Registered Agent		
Authoriz	ed Person(s) Detail :		
Title	MGR	Title	M
Name	WILSON, MARK	Name	W

FEI Number: 87-1362876

ed agent, or both, in the State of Florida.

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.

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: FORT MYERS FORKLIFT AND EQUIPMENT, LLC

Current Principal Place of Business:

1015 JOEL BLVD

City-State-Zip: LEHIGH ACRES FL 33936

2049 TOWLES FORT MYERS. FL 33916

Current Mailing Address:

PO BOX 428 ALVA, FL 33920 US

Address

SIGNATURE: MARK WILSON

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L21000234264

Certificate of Status Desired: No

ИGR VANDA, WILSON 1015 JOEL BLVD Address City-State-Zip: LEHIGH ACRES FL 33936

OWNER

FILED Jan 12, 2022 Secretary of State 3614479970CC

01/12/2022

Date

Date