I hereby certify that the information indicated on this report or supplemental report is true and accurate and to oath; that I am a managing member or manager of the limited liability company or the receiver or trustee em that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE: MARK WILSON	MANAGING MEMBER	01/22/2024

SIGNATURE: MARK WILSON

Electronic Signature of Signing Authorized Person(s) Detail

# **Current Mailing Address: PO BOX 428** ALVA, FL 33920 US

**Current Principal Place of Business:** 

# FEI Number: 87-1362876

DOCUMENT# L21000234264

## Name and Address of Current Registered Agent:

WILSON, MARK 1015 JOEL BLVD LEHIGH ACRES, FL 33936 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:

2049 TOWLES

FORT MYERS. FL 33916

Electronic Signature of Registered Agent

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: FORT MYERS FORKLIFT AND EQUIPMENT, LLC

### Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	WILSON, MARK	Name	WANDA, WILSON
Address	1015 JOEL BLVD	Address	1015 JOEL BLVD
City-State-Zip:	LEHIGH ACRES FL 33936	City-State-Zip:	LEHIGH ACRES FL 33936

# Jan 22, 2024 Secretary of State 0163080609CC

FILED

Certificate of Status Desired: No

Date

Date