

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L21000445355

**Entity Name:** BATTLE REPAIR LLC

**Current Principal Place of Business:**

6204 PINE AVE. NW  
KATHLEEN, FL 33849

**Current Mailing Address:**

PO BOX 214  
KATHLEEN, FL 33849

**FEI Number:** 87-3054075

**Certificate of Status Desired:** No

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

BATTLE, MARK J  
6204 PINE AVE. NW  
KATHLEEN, FL 33849 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:** MARK BATTLE

02/13/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BATTLE, AMBER O  
Address 6204 PINE AVE. NW  
City-State-Zip: KATHLEEN FL 33849

*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:** AMBER O BATTLE

MGR

02/13/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date