

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000534276

**Entity Name:** MOBICARE, LLC

**Current Principal Place of Business:**

6205 PEACHTREE DUNWOODY RD  
ATLANTA, GA 30328

**Current Mailing Address:**

6205 PEACHTREE DUNWOODY RD  
ATLANTA, GA 30328 US

**FEI Number:** 59-3068223

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 US

**FILED**  
**Apr 23, 2022**  
**Secretary of State**  
**1211054748CC**

*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 MEMBER  
Name FLEET MANAGEMENT HOLDINGS, LLC  
Address 6205 PEACHTREE DUNWOODY RD  
City-State-Zip: ATLANTA GA 30328

Title PRESIDENT  
Name ROWLEY, STEPHEN M.  
Address 6205 PEACHTREE DUNWOODY RD  
City-State-Zip: ATLANTA GA 30328

Title VP  
Name BOWSER, MARK F.  
Address 6205 PEACHTREE DUNWOODY RD  
City-State-Zip: ATLANTA GA 30328

Title VP, TREASURER  
Name FRIEDMAN, MARIA L.  
Address 6205 PEACHTREE DUNWOODY RD  
City-State-Zip: ATLANTA GA 30328

Title VP  
Name VICKERS, MARY A.  
Address 6205 PEACHTREE DUNWOODY RD  
City-State-Zip: ATLANTA GA 30328

Title SECRETARY  
Name HIGHTOWER, JENNIFER  
Address 6205 PEACHTREE DUNWOODY RD  
City-State-Zip: ATLANTA GA 30328

Title ASST. SECRETARY  
Name AVILA, LUIS A.  
Address 6205 PEACHTREE DUNWOODY RD  
City-State-Zip: ATLANTA GA 30328

*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:** LUIS A. AVILA

**ASST. SECRETARY**

**04/23/2022**

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

\_\_\_\_\_  
Date