# 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: JAMES MUNOZ

JM

Date

03/22/2023

# 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# DOCUMENT# L22000447654

Entity Name: SERVICES AND REPAIRS JADIALSU LLC

# **Current Principal Place of Business:**

8179 N UNIVERSITY DR 90 TAMARAC, FL 33321

# **Current Mailing Address:**

8179 N UNIVERSITY DR 90 TAMARAC, FL 33321 US

# FEI Number: 38-4248363

# Name and Address of Current Registered Agent:

MUNOZ, JAMES 8179 N UNIVERSITY DR 90 TAMARAC, FL 33321 US

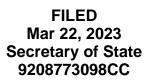
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

# SIGNATURE:

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	MUNOZ, JAMES	Name	JIMENEZ, DIANA
Address	8179 N UNIVERSITY DR 90	Address	8179 N UNIVERSITY DR 90
City-State-Zip:	TAMARAC FL 33321	City-State-Zip:	TAMARAC FL 33321



Date

Certificate of Status Desired: No

Certificate of Status Desired. IN

Electronic Signature of Signing Authorized Person(s) Detail