

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000459938

**Entity Name:** INTREPID MRO LLC

**Current Principal Place of Business:**

418 NW 19TH PL  
CAPE CORAL, FL 33993

**Current Mailing Address:**

418 NW 19TH PL  
CAPE CORAL, FL 33993

**FEI Number:** 92-0888990

**Certificate of Status Desired:** No

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

VARONA, SANTIAGO  
418 NW 19TH PL  
CAPE CORAL, FL 33993 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

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title	MGR	Title	AMBR
Name	VARONA, SANTIAGO	Name	MENDEZ, JUAN M
Address	418 NW 19TH PL	Address	1933 NW 15TH TERRACE
City-State-Zip:	CAPE CORAL FL 33993	City-State-Zip:	CAPE CORAL FL 33993

*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:** SANTIAGO VARONA

MGR

01/23/2023

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

\_\_\_\_\_ Date