

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000523722

**Entity Name:** RIDE IN MEDICAL SERVICE LLC**Current Principal Place of Business:**4694 GLENDAS MEADOW DRIVE  
JACKSONVILLE, FL 32210**Current Mailing Address:**4694 GLENDAS MEADOW DRIVE  
JACKSONVILLE, FL 32210 US**FEI Number:** 92-1097535**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MUNGIN, KING D SR.  
4694 GLENDAS MEADOW DRIVE  
JACKSONVILLE, FL 32210 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	AMBR
Name	MUNGIN, KING D SR.
Address	4694 GLENDAS MEADOW DRIVE
City-State-Zip:	JACKSONVILLE FL 32210

Title	AMBR
Name	JOHNSON, TIFFANY
Address	4694 GLENDAS MEADOW DRIVE
City-State-Zip:	JACKSONVILLE FL 32210

Title	AMBR
Name	MUNGIN, JENNIFER
Address	4694 GLENDAS MEADOW DRIVE
City-State-Zip:	JACKSONVILLE FL 32210

*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:** KING D MUNGIN SR.**OWNER****04/29/2023**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date