

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000427215

**Entity Name:** AVIATION & TRUCKING PHYSICAL EXAMS LLC

**Current Principal Place of Business:**

6775 CHOPRA TERRACE  
ORLANDO, FL 32827

**Current Mailing Address:**

3155 WHISPER WIND DR.  
SAINT CLOUD, FL 34771 US

**FEI Number:** 93-3396847

**Certificate of Status Desired:** Yes

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

MOUKALA-CADET, ANNE-MARIE L  
3155 WHISPER WIND DR.  
SAINT CLOUD, FLORIDA 34771  
SAINT CLOUD, FL 34771 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  
Name CADET, HUVELAND E  
Address 3155 WHISPER WIND DR.  
City-State-Zip: SAINT CLOUD FL 34771

*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:** HUVELAND E CADET

**OFFICE MANAGER**

**02/04/2024**

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

\_\_\_\_\_  
Date