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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears
above, or on an attachment with all other like empowered.

SIGNATURE: ELZIE MAHONEY

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# K53217

Entity Name: MAHONEY AUTO REPAIR, INC.

### **Current Principal Place of Business:**

4040 54TH AVE N ST PETERSBURG, FL 33714

### **Current Mailing Address:**

4040 54TH AVE N ST PETERSBURG, FL 33714 US

### FEI Number: 59-2994485

# Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

MAHONEY, ELZIE F. 6491 29TH ST N ST PETERSBURG, FL 33702 US

## Certificate of Status Desired: No

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:

I

Officer/Director Detail :					
Title	DPS	Title	т		
Name	MAHONEY, ELZIE	Name	MAHONEY, ELZIE		
Address	6491 29TH ST N	Address	6491 29TH ST N		
City-State-Zip:	ST PETERSBURG FL 33702	City-State-Zip:	ST PETERSBURG FL 33702		

Date

FILED Jan 27, 2022 Secretary of State 5632261040CC

Date

MANAGER

01/27/2022