#### 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.

02/27/2024 SIGNATURE: GUILLERMO RUEDA HERNANDEZ MGR

Electronic Signature of Signing Authorized Person(s) Detail

**Current Principal Place of Business:** 

## **Current Mailing Address:**

DOCUMENT# L13000115130

2247 KIRWOOD AVE NAPLES. FL 34112

2247 KIRWOOD AVE NAPLES. FL 34112

#### FEI Number: 46-3243037

### Name and Address of Current Registered Agent:

FOLEY FORENSIC ACCOUNTING LLC 4100 CORPORATE SQUARE **STE 100** NAPLES, FL 34104 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: ALBALUCIA FOLEY

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Title MGR RUEDA HERNANDEZ. GUILLERMO Name Address 2247 KIRWOOD AVE City-State-Zip: NAPLES FL 34112

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

# Entity Name: GUILLERMO AUTO UPHOLSTERY REPAIR LLC

## Certificate of Status Desired: No

02/27/2024 Date

Date

FILED Feb 27, 2024 Secretary of State 9869246471CC