

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000155240

Entity Name: RALPH'S EQUIPMENT REPAIR, LLC.**Current Principal Place of Business:**12541 METRO PKWY, #11
FT. MYERS, FL 33966**Current Mailing Address:**11900 SHIRLEY LANE
N. FT. MYERS, FL 33917 US**FEI Number:** 81-4141337**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SITES, RALPH F JR
11900 SHIRLEY LN
N. FT. MYERS, FL 33917 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	MGR
Name	SITES, RALPH F JR	Name	FLINT, CODY J
Address	11900 SHIRLEY LANE	Address	11900 SHIRLEY LN
City-State-Zip:	N. FT. MYERS FL 33917	City-State-Zip:	N. FT. MYERS FL 33917
Title	AUTHORIZED REPRESENTATIVE		
Name	SITES, JENNIFER A		
Address	11900 SHIRLEY LN		
City-State-Zip:	NORTH FORT MYERS FL 33917		

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: RALPH SITES**MANAGER****02/11/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date