

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000199917

**Entity Name:** REM MOBILE DRUG TESTING, LLC

**Current Principal Place of Business:**

1411 NW 6TH STREET  
120  
GAINESVILLE, FL 32601

**Current Mailing Address:**

PO BOX 142734  
GAINESVILLE, FL 32614 US

**FEI Number:** 81-4528100

**Certificate of Status Desired:** No

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

EDWARDS-MARSHALL, RACHEL  
1411 NW 6TH STREET  
120  
GAINESVILLE, FL 32601 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 MBR  
Name C. J. MARSHALL, INC.  
Address 17601 S.W.183RD AVE  
City-State-Zip: ARCHER FL 32618

Title MGR  
Name EDWARDS-MARSHALL, RACHEL  
Address 1411 NW 6TH STREET  
120  
City-State-Zip: GAINESVILLE FL 32601

*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:** RACHEL EDWARDS - MARSHALL

**OWNER**

**04/30/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date