

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000024931

Entity Name: DENT REMOVAL MARTINEZ LLC

Current Principal Place of Business:

4630 S KIRKMAN RD STE 354
ORLANDO, FL 32811

Current Mailing Address:

4630 S KIRKMAN RD STE 354
ORLANDO, FL 32811 US

FEI Number: 46-0632870

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VASCONCELOS, MIZAE M
4630 S KIRKMAN RD STE 354
ORLANDO, FL 32811 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 VASCONCELOS, MIZAE M
Address 4630 S KIRKMAN RD STE 354
City-State-Zip: ORLANDO FL 32811

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: VASCONCELOS , MIZAE M

MGR

03/12/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date