

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000027284

**Entity Name:** DEALER DIAGNOSIS LLC

**Current Principal Place of Business:**

13121 CORBEL CIRCLE, #211  
FORT MYERS, FL 33907

**Current Mailing Address:**

13121 CORBEL CIRCLE, #211  
FORT MYERS, FL 33907 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

NORTHROP FINANCIAL GROUP, LLC  
13700 SIX MILE CYPRESS PKWY  
SUITE 2  
FORT MYERS, FL 33912 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:** SHANE NORTHROP, CPA

01/22/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                           |                 |                           |
|-----------------|---------------------------|-----------------|---------------------------|
| Title           | PRES                      | Title           | VP                        |
| Name            | COOK, KHALIDA             | Name            | COOK, TAYLOR              |
| Address         | 13121 CORBEL CIRCLE, #211 | Address         | 13121 CORBEL CIRCLE, #211 |
| City-State-Zip: | FORT MYERS FL 33907       | City-State-Zip: | FORT MYERS FL 33907       |

*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:** KHALIDA COOK

P

01/22/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date