800 NORMAN I	DR			
MOUNT DORA	, FL 32757			
Current Mai	iling Address:			
800 NORMA MOUNT DO	N DR RA, FL 32757 US			
FEI Number: 82-3450675			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agen	t:		
LICARI, JAY	LIA BLUFF DRIVE			
MONTVERDE,	FL 34756 US			
MONTVERDE,	FL 34756 US d entity submits this statement for the purpose of chan	ging its registered office or regis	tered agent, or both, in the State of F	Florida.
MONTVERDE, The above named		ging its registered office or regis	tered agent, or both, in the State of F	
MONTVERDE, The above named	d entity submits this statement for the purpose of chan	ging its registered office or regis	tered agent, or both, in the State of F	
MONTVERDE, The above named SIGNATURE	d entity submits this statement for the purpose of chan E: JAY LICARI	iging its registered office or regis	tered agent, or both, in the State of F	03/04/2022
MONTVERDE, The above named SIGNATURE	d entity submits this statement for the purpose of chan E: JAY LICARI Electronic Signature of Registered Agent	ging its registered office or regis	tered agent, or both, in the State of P	03/04/2022
MONTVERDE, The above named SIGNATURE Authorized	d entity submits this statement for the purpose of chan E: JAY LICARI Electronic Signature of Registered Agent Person(s) Detail :			03/04/2022
MONTVERDE, The above named SIGNATURE Authorized Title	d entity submits this statement for the purpose of chan E: JAY LICARI Electronic Signature of Registered Agent <b>Person(s) Detail :</b> MGR	Title	AP	03/04/2022
MONTVERDE, The above named SIGNATURE Authorized Title Name	d entity submits this statement for the purpose of chan E: JAY LICARI Electronic Signature of Registered Agent <b>Person(s) Detail :</b> MGR SEAGO, RUSTON W 800 NORMAN DR	Title Name	AP SEAGO, CYNTHIA G 800 NORMAN DR	03/04/2022

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: RUSTON SEAGO

MANAGER

03/04/2022

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L17000236749

Entity Name: MOBILE DIAGNOSTICS AND REPAIRS LLC

## **Current Principal Place of Business:**

FILED Mar 04, 2022 **Secretary of State** 4621302378CC

Date