800 NORMAN MOUNT DORA				
Current Ma	iling Address:			
800 NORM MOUNT DO	AN DR DRA, FL 32757 US			
FEI Number: 82-3450675			Certificate of Status Desired: No	
Name and	Address of Current Registered Age	nt:		
LICARI, JAY 16331 MAGNO	DLIA BLUFF DRIVE			
MONTVERDE	, FL 34756 US			
	, FL 34756 US ed entity submits this statement for the purpose of cha	nging its registered office or regis	tered agent, or both, in the State of I	Florida.
The above name		nging its registered office or regis	tered agent, or both, in the State of I	^{=lorida.} 04/13/2023
The above name	ed entity submits this statement for the purpose of cha	nging its registered office or regis	tered agent, or both, in the State of I	
The above name SIGNATUR	ed entity submits this statement for the purpose of cha E: JAY LICARI Electronic Signature of Registered Agent	nging its registered office or regis	tered agent, or both, in the State of I	04/13/2023
The above name SIGNATUR	ed entity submits this statement for the purpose of cha E: JAY LICARI	nging its registered office or regis	tered agent, or both, in the State of I	04/13/2023
The above name SIGNATUR Authorized	ed entity submits this statement for the purpose of cha E: JAY LICARI Electronic Signature of Registered Agent Person(s) Detail :			04/13/2023
The above name SIGNATUR Authorized Title	E JAY LICARI E Electronic Signature of Registered Agent MGR	Title	AP	04/13/2023

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

04/13/2023

DOCUMENT# L17000236749

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: MOBILE DIAGNOSTICS AND REPAIRS LLC

Current Principal Place of Business:

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Apr 13, 2023 Secretary of State 6799219350CC