**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 23, 2025**
**Secretary of State**
**2795410283CC**

DOCUMENT# L19000079875

**Entity Name:** GONZI'S MOBILE AUTO REPAIRS LLC

**Current Principal Place of Business:**

310 ALMOND STREET, SUITE 116
CLERMONT, FL 34711

**Current Mailing Address:**

310 ALMOND STREET, SUITE 116
CLERMONT, FL 34711 US

**FEI Number: 83-4389668**

**Certificate of Status Desired:** No

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

MARTINEZ, LORENZO S SR
310 ALMOND STREET, SUITE 116
CLERMONT, FL 34711 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 | AR |
| Name | MARTINEZ, LORENZO S SR |
| Address | 15314 MONTAUK LANE |
| City-State-Zip: | CLERMONT FL 34714 |

*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: LORENZO MARTINEZ OWNER PRINCIPAL 04/23/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date