

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000189421

**Entity Name:** QUICK START MECHANIX LLC**Current Principal Place of Business:**2609 SPRINGHILL RD  
TALLAHASSEE, FL 32305**Current Mailing Address:**P.O BOX 6164  
TALLAHASSEE, FL 32314 US**FEI Number:** 84-2620710**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GILLIAM, ROBERT C JR.  
2609 SPRINGHILL RD  
TALLAHASSEE, FL 32305 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:** ROBERT GILLIAM

01/28/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                      |
|-----------------|----------------------|
| Title           | MGR                  |
| Name            | GILLIAM, ROBERT C JR |
| Address         | P.O BOX 6164         |
| City-State-Zip: | TALLAHASSEE FL 32314 |

|                 |                      |
|-----------------|----------------------|
| Title           | AP                   |
| Name            | MURPHY, CYNTHIA C    |
| Address         | P.O BOX 6164         |
| City-State-Zip: | TALLAHASSEE FL 32314 |

|                 |                       |
|-----------------|-----------------------|
| Title           | AP                    |
| Name            | JONES , ALICIA LAVERN |
| Address         | P.O BOX 6164          |
| City-State-Zip: | TALLAHASSEE FL 32314  |

*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:** ROBERT GILLIAM

OWNER

01/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date