

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000204794

Entity Name: A MARVELOUS TOW & RECOVERY SERVICE LLC**Current Principal Place of Business:**1305 HIBISCUS DR
CAPE CORAL, FL 33909**Current Mailing Address:**1305 HRIBISCUS DR
CAPE CORAL, FL 33909 UN**FEI Number:** 84-2760069**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FOGLEMAN, CHRISTOPHER
1305 HIBISCUS DR
CAPE CORAL, FL 33909 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 MGR
Name FOGLEMAN, CHRISTOPHER
Address 1305 HIBISCUS DR
City-State-Zip: CAPE CORAL FL 33909

Title MGR
Name FOGLEMAN, CHRISTOPHER
Address 1305 HIBISCUS DR
City-State-Zip: CAPE CORAL FL 33909

Title MGR
Name FOGLEMAN, CHRISTOPHER
Address 1305 HIBISCUS DR
City-State-Zip: CAPE CORAL FL 33909

Title MGR
Name FOGLEMAN, CHRISTOPHER
Address 1305 HIBISCUS DR
City-State-Zip: CAPE CORAL FL 33909

Title MGR
Name FOGLEMAN, CHRISTOPHER
Address 1305 HIBISCUS DR
City-State-Zip: CAPE CORAL FL 33909

Title MGR
Name FOGLEMAN, CHRISTOPHER
Address 1305 HIBISCUS DR
City-State-Zip: CAPE CORAL FL 33909

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: CHRISTOPHERFOGLEMAN

MGR

04/15/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date