

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000238342

**Entity Name:** ARMANDO MOBILE MECHANIC LLC

**Current Principal Place of Business:**

6298 LAKE PLANTATION DR  
JACKSONVILLE, FL 32244

**Current Mailing Address:**

PO BOX 440358  
JACKSONVILLE, FL 32222

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

ACCOUNTINGATALLCOST, INC  
1551 GLENGARRY RD  
JACKSONVILLE, FL 32207 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 KIAMCO, ARMANDO  
Address PO BOX 440358  
City-State-Zip: JACKSONVILLE FL 32222

*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:** ARMANDO KIAMCO

**OWNER**

**04/17/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date