

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000320899

Entity Name: MOBILE BIKE MEDIC FRANCHISING, LLC

Current Principal Place of Business:

4661 LONG LAKE DRIVE
BUCKINGHAM, FL 33905

Current Mailing Address:

4661 LONG LAKE DRIVE
BUCKINGHAM, FL 33905 US

FEI Number: 85-3620474

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

OLIVERI, STEVEN M
4661 LONG LAKE DRIVE
BUCKINGHAM, FL 33905 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: STEVEN OLIVERI

04/22/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER

Name OLIVERI, STEVEN M

Address 4661 LONG LAKE DR

City-State-Zip: BUCKINGHAM FL 33905

Title MANAGER

Name OLIVERI, KAYLEY

Address 4661 LONG LAKE DRIVE

City-State-Zip: BUCKINGHAM FL 33905

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: STEVEN OLIVERI

MGR

04/22/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date