

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000332046

**Entity Name:** MABE PRODUCTION AND INSTALLATION, LLC

**Current Principal Place of Business:**

924 FAIRLANE DR UNIT 2  
LAKLELAND, FL 33809

**Current Mailing Address:**

924 FAIRLANE DR UNIT 2  
LAKLELAND, FL 33809 US

**FEI Number: 84-1720664**

**Certificate of Status Desired: Yes**

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

MABE, LORRAINE  
924 FAIRLANE DR UNIT 2  
LAKLELAND, FL 33809 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 MABE, LORRAINE  
Address 924 FAIRLANE DR UNIT 2  
City-State-Zip: LAKLELAND FL 33809

Title MGR  
Name MABE, BEAUFORD H  
Address 924 FAIRLANE DR UNIT 2  
City-State-Zip: LAKLELAND FL 33809

Title MEMBER  
Name MABE, BEAU  
Address 4128 CHELSEA LANE  
City-State-Zip: LAKELAND FL 33809

Title MEMBER  
Name MABE, ANDREW  
Address 112 LAKEVIEW DRIVE  
City-State-Zip: AUBURNDALE FL 33823

Title MEMBER  
Name STEWART, SARAH  
Address 1019 RUBY STREET  
City-State-Zip: LAKELAND FL 33815

*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: LORRAINE MABE**

**MANAGER**

**01/28/2021**

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

\_\_\_\_\_  
Date