

2025 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
LAKELAND, FL 33809

Current Mailing Address:

924 FAIRLANE DR UNIT 2
LAKELAND, FL 33809 US

FEI Number: 84-1720664

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MABE, LORRAINE
924 FAIRLANE DR UNIT 2
LAKELAND, 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: LAKELAND FL 33809

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

Title MEMBER
Name MABE, BEAU
Address 305 W. BEACON ROAD
City-State-Zip: LAKELAND FL 33803

Title MEMBER
Name MABE, ANDREW
Address 431 SOMERSET DRIVE
City-State-Zip: AUBURNDALE FL 33823

Title MEMBER
Name STEWART, SARAH
Address 2640 SLEEPY HOLLOW LANE
City-State-Zip: LAKELAND FL 33810

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

02/19/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date