

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000010070

**Entity Name:** PIERRE AUTO CARE MOBILE SERVICE LLC

**Current Principal Place of Business:**

5071 19TH CT SW  
NAPLES, FL 34116

**Current Mailing Address:**

5071 19TH CT SW  
NAPLES, FL 34116

**FEI Number: 86-1263146**

**Certificate of Status Desired:** No

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

PETION, PIERRE RICHARD  
5071 19TH CT SW  
NAPLES, FL 34116 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 PETION, PIERRE R  
Address 5071 19TH CT SW  
City-State-Zip: NAPLES FL 34116

*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:** PIERRE R PETION

MGR

06/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date