

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000347341

**Entity Name:** CLINIC CARS & TRUCKS USA LLC

**Current Principal Place of Business:**

487 THORPE RD  
ORLANDO, FL 32824

**Current Mailing Address:**

487 THORPE RD  
ORLANDO, FL 32824

**FEI Number:** 87-1981868

**Certificate of Status Desired:** No

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

FUENTES BENAVIDES, EDGAR A  
550 E. MICHIGAN ST  
APT 2321  
ORLANDO, FL 32822 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 AMBR  
Name FUENTES BENAVIDES, EDGAR A  
Address 5550 EAST MICHIGAN ST, APT 2321  
City-State-Zip: ORLANDO FL 32822

Title AMBR  
Name CASTELLANO MARTINEZ, JOSE A  
Address 7225 CROSSROADS GARDEN DR APT 4219  
City-State-Zip: ORLANDO FL 32821

Title AMBR  
Name RINCON MORAN, JOSE G  
Address 5550 EAST MICHIGAN ST, APT 2321  
City-State-Zip: ORLANDO FL 32822

*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:** EDGAR FUENTES BENAVIDES

AMBR

01/26/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date