

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000276194

**Entity Name:** ESCOBAR REPAIRS LLC

**Current Principal Place of Business:**

4733 W WATERS AVE  
APT 927  
TAMPA, FL 33614

**Current Mailing Address:**

4733 W WATERS AVE  
APT 927  
TAMPA, FL 33614 US

**FEI Number:** 88-3071867

**Certificate of Status Desired:** No

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

ESCOBAR, ANDRES  
4733 W WATERS AVE  
APT 927  
TAMPA, FL 33614 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            ESCOBAR, ANDRES  
Address        4733 W WATERS AVE APT 927  
City-State-Zip: TAMPA FL 33614

*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:** ESCOBAR ANDRES

AMBR

04/29/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date