

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000031943

Entity Name: GS HOME SERVICES, LLC**Current Principal Place of Business:**21643 CYPRESS RD
14-C
BOCA RATON, FL 33433**Current Mailing Address:**21643 CYPRESS RD
14-C
BOCA RATON, FL 33433 UN**FEI Number:** 27-2176019**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHARONI, GILAD
21643 CYPRESS RD
14-C
BOCA RATON, FL 33433 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:** GILAD SHARONI

03/28/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :Title MSGR
Name SHARONI, GILAD
Address 21643 CYPRESS RD
14-C
City-State-Zip: BOCA RATON FL 33433Title MSGR
Name SHARONI G, ILAD
Address 21643 CYPRESS RD # 14-C
City-State-Zip: BOCA RATON FL 33433Title MSGR
Name SHARONI G, ILAD
Address 21643 CYPRESS RD # 14-C
City-State-Zip: BOCA RATON FL 33433Title MSGR
Name SHARONI G, ILAD
Address 21643 CYPRESS RD # 14-C
City-State-Zip: BOCA RATON FL 33433Title MSGR
Name SHARONI G, ILAD
Address 21643 CYPRESS RD # 14-C
City-State-Zip: BOCA RATON FL 33433Title MSGR
Name SHARONI G, ILAD
Address 21643 CYPRESS RD # 14-C
City-State-Zip: BOCA RATON FL 33433

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: GILAD SHARONI**OWNER**

03/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date