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. 04/23/2021

Electronic Signature of Signing Authorized Person(s) Detail

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000080566

Entity Name: BACKBREAKERS OF CENTRAL FLORIDA HOME IMPROVEMENTS, LLC

Current Principal Place of Business:

337 ALISON DAPHNE CIR ORLANDO, FL 32833

Current Mailing Address:

337 ALISON DAPHNE CIR ORLANDO, FL 32833

FEI Number: 45-1649380

Name and Address of Current Registered Agent:

VAZQUEZ, WILLIAM 337 ALISON DAPHNE CIR ORLANDO, FL 32833 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

Authorized Person(s) Detail :

Title	MGR	Title	MGRM
Name	VAZQUEZ, WILLIAM	Name	VAZQUEZ, KRISTIE
Address	337 ALISON DAPHNE CIR	Address	337 ALISON DAPHNE CIR
City-State-Zip:	ORLANDO FL 32833	City-State-Zip:	ORLANDO FL 32833

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

SIGNATURE: KRISTIE VAZQUEZ MGRM

FILED Apr 23, 2021 Secretary of State 0040895417CC

Certificate of Status Desired: No

Date

Date