

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000047620

**Entity Name:** TOWER HOME IMPROVEMENT LLC

**Current Principal Place of Business:**

2721 SE ROSS CT  
PORT ST. LUCIE, FL 34952

**Current Mailing Address:**

2721 SE ROSS CT  
PORT ST. LUCIE, FL 34952 US

**FEI Number: 45-2683436**

**Certificate of Status Desired: No**

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

TOWER, LAURA  
2721 SE ROSS CT  
PORT ST. LUCIE, FL 34952 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                     | Title           | AUTHORIZED REPRESENTATIVE |
| Name            | TOWER, JOSEPH E         | Name            | TOWER, LAURA ANNE         |
| Address         | 2721 SE ROSS CT         | Address         | 2721 SE ROSS CT           |
| City-State-Zip: | PORT ST. LUCIE FL 34952 | City-State-Zip: | PORT ST. LUCIE FL 34952   |

*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: JOSEPH EDWARD TOWER**

**PRESIDENT**

**03/02/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date