# 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.

MGRM

SIGNATURE: NEAL SCHAEFER

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: SENTINEL HOMEWATCH SERVICES LLC

### Current Principal Place of Business:

1200 GOODLETTE ROAD NORTH 7905 NAPLES, FL 34101

DOCUMENT# L12000027541

#### **Current Mailing Address:**

PO BOX 7905 NAPLES, FL 34101 US

#### FEI Number: NOT APPLICABLE

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

SCHAEFER, NEAL 1200 GOODLETTE ROAD NORTH 7905 NAPLES, FL 34101 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: NEAL SCHAEFER

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

TitleMGRMNameSCHAEFER, NEALAddress1200 GOODLETTE ROAD NORTHCity-State-Zip:NAPLES FL 34101

## 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 07, 2021 Secretary of State 4161389474CC

Certificate of Status Desired: No

04/07/2021 Date

04/07/2021

Date