urrent Mailing Address:		
El Number: 46-5048135		Certificate of Status Desired
ame and Address of Current Registered A	Agent:	
55 BABCOCK ST SE		
e above named entity submits this statement for the purpose o	of changing its registered office or regi	stered agent, or both, in the State of Florida.
GNATURE:		
Electronic Signature of Registered Age	jent	
uthorized Person(s) Detail :		
tle AMBR	Title	AMBR
ame SCHUCKERS, GERALD L	Name	SCHUCKERS, CINDY A
	255 BABCOCK ST SE RANT/ VALKARIA, FL 32909 US EI Number: 46-5048135 ame and Address of Current Registered A CHUCKERS, GERALD L 55 BABCOCK ST SE RANT/VALKARIA, FL 32909 US e above named entity submits this statement for the purpose GNATURE: Electronic Signature of Registered Ag uthorized Person(s) Detail : the AMBR	255 BABCOCK ST SE RANT/ VALKARIA, FL 32909 US EI Number: 46-5048135 ame and Address of Current Registered Agent: CHUCKERS, GERALD L 55 BABCOCK ST SE RANT/VALKARIA, FL 32909 US e above named entity submits this statement for the purpose of changing its registered office or registered and the purpose of changing its registered office or registered and the purpose of changing its registered office or registered and the purpose of changing its registered office or registered and the purpose of changing its registered office or registered and the purpose of changing its registered office or registered and the purpose of changing its registered office or registered and the purpose of changing its registered and the purpose of changing its registered and the purpose of changing its registered and the purpose of the purpose of changing its registered and the purpose of th

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.

AMBR

SIGNATURE: CINDY SCHUCKERS

Electronic Signature of Signing Authorized Person(s) Detail

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000027594

Entity Name: ALL MAINTENANCE & REMODELING OF FLORIDA, LLC

Current Principal Place of Business:

7955 BABCOCK ST SE

City-State-Zip: GRANT/ VALKARIA FL 32909

Address

7955 BABCOCK ST SE GRANT/VALKARIA, FL 32909

Current Mailing Address:

cate of Status Desired: No

Date

AMDIX	
SCHUCKERS, CINDY A	
7955 BABCOCK ST SE	
GRANT/ VALKARIA FL 32909	

01/04/2021 Date