| FEI Number: 47-4133040   |  | Certificate of Status Desired: No |                      |            |
|--|--|-----------------------------------|----------------------|------------|
| Name and Address of Current Registered Agent:  |  |                                   |                      |            |
| ALLEN, MISTY M<br>1285 SEAGULL DR<br>ENGLEWOOD, FL 34224 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  | MISTY ALLEN                              |                                   |                      | 03/07/2019 |
|  | Electronic Signature of Registered Agent |                                   |                      | Date       |
| Authorized Person(s) Detail :  |  |                                   |                      |            |
| Title  | MGR                                      | Title                             | MGR                  |            |
| Name   | ALLEN, MISTY M                           | Name                              | ALLEN, CHRISTOPHER T |            |

Address

City-State-Zip:

1285 SEAGULL DR

ENGLEWOOD FL 34224

19800 VETERANS BLVD E-5 PORT CHARLOTTE, FL 33954

## **Current Mailing Address:**

1285 SEAGULL DR ENGLEWOOD, FL 34224 US

# FEI Number: 47-4133040

### Nar

1285 SEAGULL DR

City-State-Zip: ENGLEWOOD FL 34224

Address

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: MISTY ALLEN

MGR

03/07/2019

Electronic Signature of Signing Authorized Person(s) Detail

## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L15000097864

Entity Name: ALLEN HOME ENHANCEMENTS LLC

# **Current Principal Place of Business:**

Secretary of State 8482747444CC

FILED Mar 07, 2019

Date