| FEI Number: 81-1709518 | | | Certificate of Status Desired: No | |
|--|--|---------|-----------------------------------|------------|
| Name and Address of Current Registered Agent: | | | | |
| SIR, ANDREW 1512 CATHERINE ST KEY WEST, FL 33040 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 | : ANDREW SIR | | | 02/10/2023 |
| | Electronic Signature of Registered Agent | | | Date |
| Authorized Person(s) Detail : | | | | |
| Title | AMBR | Title | AMBR | |
| Name | SIR, AMANDA | Name | SIR, ANDREW | |
| Address | 1512 CATHERINE ST | Address | 1512 CATHERINE ST | |

City-State-Zip:

KEY WEST FL 33040

Current Principal Place of Business: 1512 CATHERINE ST KEY WEST, FL 33040

Current Mailing Address:

DOCUMENT# L16000032509

1512 CATHERINE ST KEY WEST. FL 33040 US

FEI Number: 81-1709518

City-State-Zip: KEY WEST FL 33040

Na

Entity Name: HOME SERVICES KEY WEST LLC.

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.

02/10/2023 MANAGING PARTNER

Electronic Signature of Signing Authorized Person(s) Detail

FILED Feb 10, 2023 Secretary of State 0157389321CC

Date

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: ANDREW SIR