2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000038142

Entity Name: HOME CPR CERTIFIED PROPERTY REPAIR LLC

aille. HOWE OPK CERTIFIED PROPERTY REPAIR I

Current Principal Place of Business:

2537 COMMUNITY RD. JACKSONVILLE, FL 32207

Current Mailing Address:

2537 COMMUNITY RD. JACKSONVILLE. FL 32207 US

FEI Number: 81-1595600 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WINE, ROBERT G 2537 COMMUNITY RD. JACKSONVILLE, FL 32207 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

FILED Apr 09, 2019

Secretary of State

2563020941CC

Authorized Person(s) Detail:

Title PRES Title VP

NameWINE, ROBERT GNameCOONEY, CLAYTONAddress2537 COMMUNITY RD.Address8654 HILMA ROAD

City-State-Zip: JACKSONVILLE FL 32207 City-State-Zip: JACKSONVILLE FL 32244

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: ROBERT G. WINE PRESIDENT

Electronic Signature of Signing Authorized Person(s) Detail

04/09/2019 Date