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; an that my name appears above, or on an attachment with all other like empowered.					
SIGNATURE: NICOLE KEMP	AMBR	04/11/2019			

IGNATURE:	NICOLE KEMP	AMBR

Entity Name: CRAFTSMAN FINAL TOUCH L.L.C

DOCUMENT# L16000080091

Current Principal Place of Business:

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

3203 HAWTHORNE AVENUE ROCKLEDGE, FL 32955

Current Mailing Address:

3203 HAWTHORNE AVENUE NICKEM07@AOL.COM ROCKLEDGE, FL 32955

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

KEMP, MARVIN 3203 HAWTHORNE AVENUE ROCKLEDGE, FL 32955 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:	: MARVIN KEMP			04/11/2019	
		Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :						
	Title	MGR	Title	AMBR		
	Name	KEMP, MARVIN	Name	KEMP, NICOLE		
	Address	3203 HAWTHORNE AVENUE	Address	3203 HAWTHORNE AVENUE		
	City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	ROCKLEDGE FL 32955		

Electronic Signature of Signing Authorized Person(s) Detail

Date

Certificate of Status Desired: No