| Current P | | | | |
|--|---|-----------------------------------|---|-----------|
| 1947 E. LAKE | | | | |
| CASSELBER | RRY, FL 32707 | | | |
| | | | | |
| Current M | ailing Address: | | | |
| 1947 E. LA | AKE DR. | | | |
| CASSELB | ERRY, FL 32707 US | | | |
| | | | | |
| FEI Number: 81-3448425 | | | Certificate of Status Desired: No | |
| Name and | Address of Current Registered Agent: | | | |
| | | | | |
| GOMEZ-PAL | MA, MELISSA MARIE | | | |
| 1947 E. LAKE | E DR. | | | |
| 1947 E. LAKE | | | | |
| 1947 E. LAKE CASSELBER | E DR. | ng its registered office or regis | tered agent, or both, in the State of Florida | Э. |
| 1947 E. LAKE CASSELBER The above nan | E DŔ. RRY, FL 32707 US | ng its registered office or regis | | 2/16/2018 |
| 1947 E. LAKE CASSELBER The above nan | E DR. RRY, FL 32707 US ned entity submits this statement for the purpose of changir | ng its registered office or regis | | |
| 1947 E. LAKE CASSELBER The above nan SIGNATUR | E DR. RRY, FL 32707 US ned entity submits this statement for the purpose of changir RE: <u>MELISSA M GOMEZ-PALMA</u> Electronic Signature of Registered Agent | ng its registered office or regis | | 2/16/2018 |
| 1947 E. LAKE CASSELBER The above nan SIGNATUR | E DR. RRY, FL 32707 US ned entity submits this statement for the purpose of changir RE: MELISSA M GOMEZ-PALMA | ng its registered office or regis | | 2/16/2018 |
| 1947 E. LAKE CASSELBER The above nan SIGNATUR | E DR. RRY, FL 32707 US ned entity submits this statement for the purpose of changir RE: <u>MELISSA M GOMEZ-PALMA</u> Electronic Signature of Registered Agent d Person(s) Detail : | | 0 | 2/16/2018 |
| 1947 E. LAKE CASSELBER The above nam SIGNATUR Authorized Title | E DR. RRY, FL 32707 US ned entity submits this statement for the purpose of changir RE: <u>MELISSA M GOMEZ-PALMA</u> Electronic Signature of Registered Agent d Person(s) Detail : AMBR | Title | AMBR | 2/16/2018 |
| 1947 E. LAKE CASSELBER The above nam SIGNATUR Authorized Title Name Address | E DR. RRY, FL 32707 US med entity submits this statement for the purpose of changir RE: MELISSA M GOMEZ-PALMA Electronic Signature of Registered Agent d Person(s) Detail : AMBR GOMEZ-PALMA, MELISSA M | Title Name | O AMBR PALMA-GUERRIDOS, WILLIAM A 1947 E. LAKE DR. | 2/16/2018 |

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: MELISSA M. GOMEZ-PALMA

AMBR

02/16/2018

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000142299

Entity Name: DURABLE RENOVATIONS, LLC

Current Principal Place of Business:

FILED Feb 16, 2018 Secretary of State CC1168441428

Electronic Signature of Signing Authorized Person(s) Detail

Date