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: GARY M ALFONSO Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business: 1717 GULFSTAR DR S

1717 GULFSTAR DR S UNIT 201 NAPLES, FL 34112

Current Mailing Address:

PO BOX 8805 NAPLES, FL 34101 US

FEI Number: 81-4084904

Name and Address of Current Registered Agent:

ALFONSO, GARY M 1717 GULFSTAR DR S UNIT 201 NAPLES, FL 34112 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

Authorized Person(s) Detail :

Title	MGR	Title	AP
Name	ALFONSO, GARY M	Name	ALFONSO, KAREN A
Address	1717 GULFSTAR DR S UNIT 201	Address	1717 GULFSTAR DR S UNIT 201
City-State-Zip:	NAPLES FL 34112	City-State-Zip:	NAPLES FL 34112

FILED Jun 09, 2020 Secretary of State 2173564485CC

Certificate of Status Desired: Yes

MGR

Date

06/09/2020

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: NAPLES & BONITA HOME WATCH, LLC

DOCUMENT# L16000186424