# 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: SCOTT STEVENS

Electronic Signature of Signing Authorized Person(s) Detail

#### Name and Address of Current Registered Agent:

STEVENS, SCOTT 25421 PINSON DR BONITA SPRINGS, FL 34135 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	AMBR	Title	AMBR
Name	STEVENS, SCOTT	Name	STEVENS, JIMMI
Address	25421 PINSON DR	Address	25421 PINSON DR
City-State-Zip:	BONITA SPRINGS FL 34135	City-State-Zip:	BONITA SPRINGS FL 34135

04/21/2021 MEMBER

DOCUMENT# L18000035462

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: ALL ASPECTS HOME IMPROVEMENT LLC

### **Current Principal Place of Business:**

25421 PINSON DR BONITA SPRINGS. FL 34135

# **Current Mailing Address:**

25421 PINSON DR BONITA SPRINGS. FL 34135 US

# FEI Number: 37-6669010

# Certificate of Status Desired: No

Date

Date