# 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.

# 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000163604

## Entity Name: SOUTHERN CRAFTSMAN CARPENTRY LLC

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

3910 DOMESTIC AVE UNIT B NAPLES, FL 34104

### **Current Mailing Address:**

4005 FAMILY CIRCLE CT NAPLES, FL 34104 US

## FEI Number: 83-1176500

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

KRINSKY, RYAN S MR. 4005 FAMILY CIRCLE CT NAPLES, FL 34104 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.

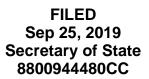
#### SIGNATURE:

Electronic Signature of Registered Agent

### Authorized Person(s) Detail :

Title	MGR	Title	AMBR
Name	KRINSKY, RYAN S MR.	Name	COLLINS, KELLI A MRS.
Address	4005 FAMILY CIRCLE CT	Address	4005 FAMILY CIRCLE CT
City-State-Zip:	NAPLES FL 34104	City-State-Zip:	NAPLES FL 34104

SIGNATURE: KELLI COLLINS AMBR Electronic Signature of Signing Authorized Person(s) Detail



Date

Certificate of Status Desired: No

09/25/2019 Date