### 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000257290

Entity Name: 1-STOP HOME WATCH SERVICES LLC

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

3748 JUNGLE PLUM DR E NAPLES, FL 34114

## **Current Mailing Address:**

3748 JUNGLE PLUM DR E NAPLES, FL 34114 US

# FEI Number: 83-2404442

### Name and Address of Current Registered Agent:

LING, DAVID B 3748 JUNGLE PLUM DR E NAPLES, FL 34114 US Certificate of Status Desired: No

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            | LING, DAVID B          | Name            | LING, MARILYN V               |
|  | Address         | 3748 JUNGLE PLUM DR E  | Address         | 3748 JUNGLE PLUM DR E         |
|  | City-State-Zip: | NAPLES FL 34114        | City-State-Zip: | NAPLES FL 34114               |
|  |                 |                        |                 |                               |
|  | Title           | AUTHORIZED MEMBER      | Title           | AMBR                          |
|  | Name            | WALTERS, ALLISON MERRY | Name            | WALTERS (FRANKS), ASHLEY ROSE |
|  | Address         | 8988 MADRID CIRCLE     | Address         | 8988 MADRID CIRCLE            |
|  | City-State-Zip: | NAPLES FL 34104        | City-State-Zip: | NAPLES FL 34104               |
|  |                 |                        |                 |                               |
|  | Title           | AMBR                   |                 |                               |
|  | Name            | WALTERS, DAVID         |                 |                               |
|  | Address         | 8988 MADRID CIRCLE     |                 |                               |
|  | City-State-Zip: | NAPLES FL 34104        |                 |                               |
|  |                 |                        |                 |                               |

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: DAVID B LING

MANAGER

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01/11/2023
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Date

Electronic Signature of Signing Authorized Person(s) Detail

Date

# FILED Jan 11, 2023 Secretary of State 4343294710CC