

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000270615

Entity Name: AULIN HOMES LLC**Current Principal Place of Business:**312 AULIN AVE
OVIDO, FL 32765**Current Mailing Address:**312 AULIN AVE
OVIDO, FL 32765 US**FEI Number:** 83-2683038**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WARD, ANGELA
312 AULIN AVE
OVIDO, FL 32765 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_____
Date**Authorized Person(s) Detail :**

| | |
|-----------------|----------------------|
| Title | MGR |
| Name | SCHULTZ, CHRISTOPHER |
| Address | 312 AULIN AVE |
| City-State-Zip: | OVIDO FL 32765 |

| | |
|-----------------|-------------------------|
| Title | PRESIDENT |
| Name | BOURQUE, DANIEL |
| Address | 219 CHESTNUT RIDGE ST. |
| City-State-Zip: | WINTER SPRINGS FL 32708 |

| | |
|-----------------|--------------------|
| Title | MGR |
| Name | SCHULTZ, TYLER |
| Address | 2216 SULTAN CIRCLE |
| City-State-Zip: | CHULUOTA FL 32766 |

| | |
|-----------------|----------------|
| Title | CFO |
| Name | WARD, ANGELA |
| Address | 312 AULIN AVE |
| City-State-Zip: | OVIDO FL 32765 |

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: ANGELA WARD

CFO

01/22/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date