

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000045803

**Entity Name:** LEGENDARY HOME SOLUTIONS LLC

**Current Principal Place of Business:**

2915 STATE ROAD 590  
UNIT 19  
CLEARWATER, FL 33759

**Current Mailing Address:**

2915 STATE ROAD 590  
UNIT 19  
CLEARWATER, FL 33759 US

**FEI Number: 83-3696034**

**Certificate of Status Desired:** Yes

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

TRUMP, CLIFFORD  
2915 STATE ROAD 590  
UNIT 19  
CLEARWATER, FL 33759 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 CEO, PRESIDENT, CO-OWNER,  
MANAGER  
Name TRUMP, CLIFFORD  
Address 2915 STATE ROAD 590  
UNIT 19  
City-State-Zip: CLEARWATER FL 33759

Title COO, VP, CO-OWNER, MANAGER  
Name RUBY, JOSEPH AARON  
Address 2915 STATE ROAD 590  
UNIT 19  
City-State-Zip: CLEARWATER FL 33759

Title CAO, VP, CO-OWNER, MANAGER  
Name VILLWOCK, BRETT  
Address 2915 STATE ROAD 590  
UNIT 19  
City-State-Zip: CLEARWATER FL 33759

*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: CLIFFORD TRUMP**

**CEO**

**03/05/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date