

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000055945

**Entity Name:** CASH FOR KEYS HOME SOLUTION, LLC

**Current Principal Place of Business:**

690 SW 1ST COURT  
UNIT 2311  
MIAMI, FL 33130

**Current Mailing Address:**

P.O. BOX 65-3833  
MIAMI, FL 33265 US

**FEI Number:** 85-1325689

**Certificate of Status Desired:** No

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

RAMOS, GRACE  
690 SW 1ST COURT  
UNIT 2311  
MIAMI, FL 33130 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 AMBR  
Name RAMOS, GRACE  
Address 690 SW 1ST COURT  
UNIT 2311  
City-State-Zip: MIAMI FL 33130

Title AMBR  
Name RAMOS, GILBERT  
Address 9951 SW 38 TERRACE  
City-State-Zip: MIAMI FL 33165

Title AMBR  
Name RUIZ, MARIA  
Address 9960 SW 38 TERRACE  
City-State-Zip: MIAMI FL 33165

Title AMBR  
Name RUIZ, NATALIE  
Address 9960 SW 38 TERRACE  
City-State-Zip: MIAMI FL 33165

*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:** GRACE RAMOS

AMBR

04/30/2024

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

\_\_\_\_\_  
Date