

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000251559

**Entity Name:** PROSTYLEHOMES LLC

**Current Principal Place of Business:**

8943 THUMBWOOD CIRCLE  
APT B  
BOYNTON BEACH, FL 33436

**Current Mailing Address:**

8943 THUMBWOOD CIRCLE  
APT B  
BOYNTON BEACH, FL 33436

**FEI Number:** 85-2216359

**Certificate of Status Desired:** No

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

ADELER, ULYSSE  
8943 THUMBWOOD CIRCLE  
APT B  
BOYNTON BEACH, FL 33436 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 PALMER, CHRISTOPH  
Address 6201 WILES RD, APT 05-201  
City-State-Zip: CORAL SPRINGS FL 33067

Title CEO  
Name ADELER, ULYSSE  
Address 8943 THUMBWOOD CIRCLE  
APT B  
City-State-Zip: BOYNTON BEACH FL 33436

*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:** ADELER ULYSSE

CEO

02/08/2021

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

\_\_\_\_\_  
Date