

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000008102

**Entity Name:** GO HOME PROS LLC

**Current Principal Place of Business:**

3446 CHERRY RIDGE RD  
LYNN HAVEN, FL 32444

**Current Mailing Address:**

3446 CHERRY RIDGE RD  
LYNN HAVEN, FL 32444

**FEI Number: 86-1856692**

**Certificate of Status Desired: No**

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

GRAMLICK, JOHN R III  
3446 CHERRY RIDGE RD  
LYNN HAVEN, FL 32444 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 OLEKSY-WHITE, JENNIFER M  
Address 101 FOSSIL FALLS LN  
City-State-Zip: PANAMA CITY BEACH FL 32407

Title MGR  
Name GRAMLICK, JOHN R III  
Address 3446 CHERRY RIDGE RD  
City-State-Zip: LYNN HAVEN FL 32444

*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: JENNIFER M OLEKSY-WHITE**

**MANAGER**

**05/01/2022**

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

\_\_\_\_\_  
Date