

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000027332

**Entity Name:** OPULENT HOME SERVICES, LLC

**Current Principal Place of Business:**

12220 ATLANTIC BLVD  
STE 130 #1212  
JACKSONVILLE, FL 32225

**FILED**  
**May 01, 2024**  
**Secretary of State**  
**6967549891CC**

**Current Mailing Address:**

12220 ATLANTIC BLVD  
STE 130 #1212  
JACKSONVILLE, FL 32225 US

**FEI Number: 85-4212319**

**Certificate of Status Desired: No**

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

STURGIS, ASHLEY  
12220 ATLANTIC BLVD  
STE 130 #1212  
JACKSONVILLE, FL 32225 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: ASHLEY STURGIS**

**05/01/2024**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title COO  
Name STURGIS, ARKEEM  
Address 12220 ATLANTIC BLVD  
STE 130 #1212  
City-State-Zip: JACKSONVILLE FL 32225

Title CFO  
Name STURGIS, ASHLEY  
Address 12220 ATLANTIC BLVD  
STE 130 #1212  
City-State-Zip: JACKSONVILLE FL 32225

Title AUTHORIZED REPRESENTATIVE  
Name STURGIS, ARKEEM  
Address 12220 ATLANTIC BLVD  
STE 130 #1212  
City-State-Zip: JACKSONVILLE FL 32225

Title AUTHORIZED MEMBER  
Name STURGIS, ACE  
Address 12220 ATLANTIC BLVD  
STE 130 #1212  
City-State-Zip: JACKSONVILLE FL 32225

Title AUTHORIZED MEMBER  
Name STURGIS, ARIE  
Address 12220 ATLANTIC BLVD  
STE 130 #1212  
City-State-Zip: JACKSONVILLE FL 32225

Title AUTHORIZED MEMBER  
Name STURGIS, AIDEN  
Address 12220 ATLANTIC BLVD  
STE 130 #1212  
City-State-Zip: JACKSONVILLE FL 32225

Title AUTHORIZED MEMBER  
Name STURGIS, AHZA  
Address 12220 ATLANTIC BLVD  
STE 130 #1212  
City-State-Zip: JACKSONVILLE FL 32225

Title AUTHORIZED MEMBER  
Name STURGIS, AHMIR  
Address 12220 ATLANTIC BLVD  
STE 130 #1212  
City-State-Zip: JACKSONVILLE FL 32225

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*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: ASHLEY STURGIS**

**CFO**

**05/01/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title            AUTHORIZED MEMBER  
Name            STURGIS, ARROW  
Address        12220 ATLANTIC BLVD  
                  STE 130 #1212  
City-State-Zip: JACKSONVILLE FL 32225