

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000139688

**Entity Name:** CRAFTSMAN'S RESTORATIONS, SERVICES & SOLUTIONS LLC

**FILED**  
**Mar 23, 2022**  
**Secretary of State**  
**3999681625CC**

**Current Principal Place of Business:**

11771 W ATLANTIC BLVD  
APT 6  
CORAL SPRINGS, FL 33071

**Current Mailing Address:**

11771 W ATLANTIC BLVD  
APT 6  
CORAL SPRINGS, FL 33071 US

**FEI Number: 86-3062599**

**Certificate of Status Desired: No**

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

CORRENTE, JEAN SR  
11771 W ATLANTIC BLVD  
APT 6  
CORAL SPRINGS, FL 33071 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            CORRENTE, JEAN SR  
Address        11771 W ATLANTIC BLVD, APT 6  
City-State-Zip: CORAL SPRINGS FL 33071

Title            AMBR  
Name            PENA, HEBERT J SR  
Address        3867 TURTLE RUN BLVD  
                  APT 2328  
City-State-Zip: CORAL SPRINGS FL 33067

*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: JEAN CORRENTE**

**OWNER**

**03/23/2022**

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

\_\_\_\_\_  
Date