C	line Address.			
Current Mai	ling Address:			
2374 NE 8TI POMPANO	H CT BEACH, FL, FL 33062 UN			
FEI Number: 86-2902149			Certificate of Status Desired: N	
Name and A	Address of Current Registered Agent	:		
KNOX, TIMOTH 2374 NE 8TH C POMPANO BE				
The above name	d entity submits this statement for the purpose of chang	ing its registered office or regis	tered agent, or both, in the State of Florid	a.
The above name SIGNATURE		ing its registered office or regis	tered agent, or both, in the State of Florid	a.
		ing its registered office or regis	tered agent, or both, in the State of Florid	a. Date
SIGNATURE	E:	ing its registered office or regis	tered agent, or both, in the State of Florid	
SIGNATURE	Electronic Signature of Registered Agent	ing its registered office or regis	tered agent, or both, in the State of Florid	
SIGNATURE Authorized	Electronic Signature of Registered Agent Person(s) Detail :			
SIGNATURE Authorized	Electronic Signature of Registered Agent Person(s) Detail : MGR	Title	AP	
SIGNATURE Authorized ^{Title} Name	Electronic Signature of Registered Agent Person(s) Detail : MGR KNOX, TIMOTHY	Title Name Address	AP POROSKY, CHRISTOPHER	
SIGNATURE Authorized Title Name Address	Electronic Signature of Registered Agent Person(s) Detail : MGR KNOX, TIMOTHY 2374 NE 8TH CT	Title Name Address	AP POROSKY, CHRISTOPHER 1106 SE10TH TERR	
SIGNATURE Authorized Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Person(s) Detail : MGR KNOX, TIMOTHY 2374 NE 8TH CT POMPANO BEACH, FL FL 33062	Title Name Address	AP POROSKY, CHRISTOPHER 1106 SE10TH TERR	
SIGNATURE Authorized Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent Person(s) Detail : MGR KNOX, TIMOTHY 2374 NE 8TH CT POMPANO BEACH, FL FL 33062 MANAGER	Title Name Address	AP POROSKY, CHRISTOPHER 1106 SE10TH TERR	

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: TIMOTHY KNOX

Electronic Signature of Signing Authorized Person(s) Detail

OWNER

03/16/2023 Date

DOCUMENT# L21000163491

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: THE GUTTER CREW LLC

Current Principal Place of Business:

2374 NE 8TH CT POMPANO BEACH, FL, FL 33062 FILED Mar 16, 2023 Secretary of State 1319798075CC