

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000325182

**Entity Name:** HOME HELP ADVISORS LLC

**Current Principal Place of Business:**

7584 NW 4TH BLVD.  
GAINESVILLE, FL 32607

**Current Mailing Address:**

7584 NW 4TH BLVD.  
GAINESVILLE, FL 32607 US

**FEI Number:** 88-3527517

**Certificate of Status Desired:** No

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

SHERMAN, JACOB  
1433 NW 3RD AVE  
APT. 3  
GAINESVILLE, FL 32603 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 SHERMAN, JACOB  
Address 1433 NW 3RD AVE  
City-State-Zip: GAINESVILLE FL 32603

Title AMBR  
Name WILBURN, CRAIG  
Address 13251 SW 5TH AVE  
City-State-Zip: NEWBERRY FL 32669

*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:** JACOB SHERMAN

AMBR

01/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date