

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90123 038 ****50.00

DOCUMENT # L00000014235

1. Entity Name

A-ADVANCED HOME SERVICES, LLC

924116

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5268 Sunnydale Circle

3. Mailing Address

5268 Sunnydale Circle

Suite, Apt. #, etc.

NA

City & State

SARASOTA, FLORIDA

Zip

34233

Country

USA

Suite, Apt. #, etc.

NA

City & State

SARASOTA FLORIDA

Zip

34233

Country

USA

4. FEI Number

65-105-8568

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Stephen M. Ivan

Street Address (P.O. Box Number is Not Acceptable)

5268 Sunnydale Circle

City

SARASOTA

FL

Zip Code

34233

**DO NOT WRITE
IN THIS SPACE**

8. 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

Signature, typed or printed name of registered agent and title if applicable.

2-7-02

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE PRESIDENT MGRM
NAME Stephen M. Ivan
STREET ADDRESS 5268 Sunnydale Circle
CITY-ST-ZIP SARASOTA, FL. 34233

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~PATRICE~~ MGRM
NAME PATRICE IVAN
STREET ADDRESS 5268 Sunnydale Circle
CITY-ST-ZIP SARASOTA FL. 34233

TITLE
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

Stephen M. Ivan

2-7-02 946852948

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)