

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000018798

Entity Name: EXCALIBUR HOMES LLC

Current Principal Place of Business:

20340 S.W. 79TH LANE
DUNNELLON, FL 34431-5130

Current Mailing Address:

20340 S.W. 79TH LANE
DUNNELLON, FL 34431-5130

FEI Number: 43-1964806

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHWIER, STEVEN L
20340 S.W. 79TH LANE
DUNNELLON, FL 34431-5130 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 MGRM
Name SCHWIER, STEVEN L
Address 20340 SW 79TH LN
City-State-Zip: DUNNELLON FL 34431-5130

Title MGRM
Name SCHWIER, NANCY L
Address 20340 SW 79TH LN
City-State-Zip: DUNNELLON FL 34431-5130

Title AUTHORIZED MEMBER
Name SCHWIER, JEREMIAH J
Address 20340 SW 79TH LN
City-State-Zip: DUNNELLON FL 34431

Title MGRM
Name BOUTON, AMBER MICHELLE
Address 20340 S.W. 79TH LANE
City-State-Zip: DUNNELLON FL 34431-5130

Title MGRM
Name MILLETT, MATTHEW BRADLET
Address 22744 NW 188TH ST
City-State-Zip: HIGH SPRINGS FL 32643

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: STEVEN L SCHWIER

MGRM

02/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date