

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000062779

**Entity Name:** HOMES II, LLC

**Current Principal Place of Business:**

200 S. BISCAYNE BLVD.  
SUITE 4100 (LAD)  
MIAMI, FL 33131

**Current Mailing Address:**

200 S. BISCAYNE BLVD.  
SUITE 4100 (LAD)  
MIAMI, FL 33131 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CORPORATION COMPANY OF MIAMI  
200 S. BISCAYNE BLVD.  
SUITE 4100 (LAD)  
MIAMI, FL 33131 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 MGR  
Name NOVOA, HORACIO P  
Address 200 S. BISCAYNE BLVD.  
SUITE 4100 (LAD)  
City-State-Zip: MIAMI FL 33131

Title AMGR  
Name OBERMOLLER, HEINRICH  
Address 200 S. BISCAYNE BLVD.  
SUITE 4100 (LAD)  
City-State-Zip: MIAMI FL 33131

Title MANAGER  
Name GUZMAN, SEBASTIAN  
Address 200 S. BISCAYNE BLVD.  
SUITE 4100 (LAD)  
City-State-Zip: MIAMI FL 33131

*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:** HORACIO P NOVOA

**MGR**

**02/06/2024**

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

\_\_\_\_\_  
Date