

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000030262

**Entity Name:** KEYSTONE HOME SOLUTIONS, LLC.

**Current Principal Place of Business:**

4897 W. WATERS AVE  
SUITE B  
TAMPA, FL 33634

**Current Mailing Address:**

4897 W. WATERS AVE  
SUITE B  
TAMPA, FL 33634 US

**FEI Number:** 26-2261472

**Certificate of Status Desired:** No

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

NELSON, SCOTT F  
4890 W. KENNEDY BLVD  
240  
TAMPA, FL 33609 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 STAVISH, JEFFREY T  
Address 15220 OCTAVIA LN  
City-State-Zip: ODESSA FL 33556

Title MGRM  
Name SULKER, CENK  
Address 4014 W. TACON ST  
City-State-Zip: TAMPA FL 33629

*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:** JEFFREY T STAVISH

VP

01/09/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date