

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000032753

**Entity Name:** HOUSINGBYOWNER.COM, LLC

**Current Principal Place of Business:**

5267 LONESOME DOVE DRIVE  
KISSIMMEE, FL 34746

**Current Mailing Address:**

P.O. BOX 771723  
ORLANDO, FL 32877 US

**FEI Number:** 45-0669387

**Certificate of Status Desired:** No

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

OLIVERI, GIUSEPPE  
5267 LONESOME DOVE DRIVE  
KISSIMMEE, FL 34746 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              | Title           | MANAGER          |
| Name            | OLIVERI, GIUSEPPE | Name            | SOGNI, FABIO     |
| Address         | PO BOX 771723     | Address         | PO BOX 771723    |
| City-State-Zip: | ORLANDO FL 32877  | City-State-Zip: | ORLANDO FL 32877 |

*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:** GIUSEPPE OLIVERI

MGMB

03/12/2018

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

\_\_\_\_\_ Date