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: DOUG POWELL

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE:

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Authorized Person(s) Detail :				
Title	MGRM	Title	MGRM	
Name	POWELL, DOUG	Name	SHARER, JOHN	
Address	12301 KERNAN FOREST BLVD UNIT 1707	Address	11649 SANDS AVE	
City-State-Zip:	JACKSONVILLE FL 32225	City-State-Zip:	JACKSONVILLE FL 32246	

# 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.

Electronic Signature of Registered Agent

4549 ST. AUGUSTINE ROAD #1 JACKSONVILLE, FL 32207

### DOCUMENT# L11000140206

#### Entity Name: CHRISTIAN BROTHERS PLUMBING AND RENOVATIONS, LLC

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

### **Current Principal Place of Business:**

### **Current Mailing Address:**

4549 ST. AUGUSTINE ROAD #1 JACKSONVILLE, FL 32207 US

#### FEI Number: 45-4076502

## Name and Address of Current Registered Agent:

AMERICAN SAFETY COUNCIL, INC. 5125 ADANSON ST. SUITE 500 ORLANDO, FL 32804 US

Certificate of Status Desired: No

MANAGING MEMBER

Date