

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000026801

**Entity Name:** NEXGEN REMODELING, LLC

**Current Principal Place of Business:**

5959 FORT CAROLINE RD  
# 1003  
JACKSONVILLE, FL 32277

**FILED**  
**Apr 13, 2016**  
**Secretary of State**  
**CC8532036721**

**Current Mailing Address:**

P O BOX 54541  
JACKSONVILLE, FL 32245-9998 US

**FEI Number: 35-2468799**

**Certificate of Status Desired: Yes**

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

HERNANDEZ, JOSEPH A  
8462 GEMINI ROAD  
JACKSONVILLE, FL 32216 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: JOSEPH A HERNANDEZ**

**04/13/2016**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           HERNANDEZ, JOSEPH A  
Address        8462 GEMINI ROAD  
City-State-Zip: JACKSONVILLE FL 32216

Title           ONWER  
Name           HERNANDEZ, JASMINE M  
Address        5959 FORT CAROLINE RD  
                  # 1003  
City-State-Zip: JACKSONVILLE FL 32277

Title           OWNER  
Name           HERNANDEZ, JESSICA L  
Address        5959 FORT CAROLINE RD  
                  # 1003  
City-State-Zip: JACKSONVILLE FL 32277

*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: JOSEPH HERNANDEZ**

**MANAGER**

**04/13/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date