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: NICHOLAS BROWN

I

Electronic Signature of Signing Authorized Person(s) Detail

Electronic Signature of Registered Agent

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.

## Authorized Person(s) Detail ·

Authorized Person(s) Detail :					
Title	MGR	Title	MEMBER		
Name	BROWN, NICHOLAS	Name	BROWN, SASHA		
Address	2001 PRITCHARD ST	Address	2001 PRITCHARD ST		
City-State-Zip:	PANAMA CITY FL 32405	City-State-Zip:	PANAMA CITY FL 32405		
Title	MEMBER				
Name	BROWN, PARRIS				
Address	2001 PRITCHARD ST				
City-State-Zip:	PANAMA CITY FL 32405				

## FEI Number: 46-2312918

PANAMA CITY, FL 32405 US

**Current Mailing Address:** 2001 PRITCHARD ST

DOCUMENT# L13000041202

2001 PRITCHARD ST PANAMA CITY, FL 32405

**Current Principal Place of Business:** 

## Name and Address of Current Registered Agent:

Entity Name: BROWN INTERIOR REMODELING LLC

**BROWN, NICHOLAS** 2001 PRITCHARD ST PANAMA CITY, FL 32405 US

SIGNATURE:

2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

## FILED Jul 29, 2019 Secretary of State 0388381491CC

Certificate of Status Desired: No

MANAGER

07/29/2019

Date

Date