# 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. 01/27/2025

SIGNATURE: LINDA CANDELS

Electronic Signature of Signing Authorized Person(s) Detail

# 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L13000067085

Entity Name: CANDELS ESTIMATING LLC

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

11301 HOWARD ROAD NORTH FORT MYERS. FL 33917

#### **Current Mailing Address:**

11301 HOWARD ROAD NORTH FORT MYERS. FL 33917 US

### FEI Number: 46-2922767

### Name and Address of Current Registered Agent:

CANDELS, MARC A 11301 HOWARD ROAD NORTH FORT MYERS, FL 33917 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

#### Authorized Person(s) Detail :

| Title           | MEMBER                    | Title           | MEMBER                    |
|-----------------|---------------------------|-----------------|---------------------------|
| Name            | CANDELS, MARC A           | Name            | LINDA, CANDELS            |
| Address         | 11301 HOWARD ROAD         | Address         | 11301 HOWARD ROAD         |
| City-State-Zip: | NORTH FORT MYERS FL 33917 | City-State-Zip: | NORTH FORT MYERS FL 33917 |

MEMBER

Certificate of Status Desired: Yes

# FILED Jan 27, 2025 Secretary of State 5754707330CC

Date

Date