that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SUSAN ANDERSON

Electronic Signature of Signing Authorized Person(s) Detail

4765 ESTERO BLVD FT MYERS BEACH. FL 33931 US

FEI Number: 82-1186703

DOCUMENT# L13000087518

4765 ESTERO BLVD

FT MYERS BEACH. FL 33931

Current Mailing Address:

Current Principal Place of Business:

Name and Address of Current Registered Agent:

ANDERSON, ROBERT W III 4765 ESTERO BLVD FT MYERS BEACH, FL 33931 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: ROBERT ANDERSON

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	AUTHORIZED MEMBER
Name	ANDERSON, SUSAN
Address	4765 ESTERO BLVD
City-State-Zip:	FT MYERS BEACH FL 33931

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

OWNER

2025 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

Entity Name: FLORIDA GULF COAST HOME SERVICES LLC

FILED Feb 11, 2025 Secretary of State 0709968141CR

Certificate of Status Desired: Yes

02/11/2025

Date

Date

02/11/2025