

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000045594

Entity Name: YOUR HOUSE DOCTOR LLC

Current Principal Place of Business:

922 S. TOWN AND RIVER DR
FT MYERS, FL 33919

Current Mailing Address:

922 S. TOWN AND RIVER DR
FT MYERS, FL 33919 US

FEI Number: 46-5140818

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SONN, GREGORY
922 S. TOWN AND RIVER DR
FT MYERS, FL 33919 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

Date

Authorized Person(s) Detail :

Title AR
Name SONN, GREG
Address 922 S. TOWN AND RIVER DR
City-State-Zip: FT MYERS FL 33919

Title AR
Name SONN, ALISA
Address 922 S. TOWN AND RIVER DR
City-State-Zip: FT MYERS FL 33919

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: GREGORY SONN

AR

02/15/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date