

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000095177

**Entity Name:** HOME RENOVATION SPECIALIST LLC

**Current Principal Place of Business:**

820 15TH ST NW  
NAPLES, FL 34120

**Current Mailing Address:**

820 15TH ST NW  
NAPLES, FL 34120 UN

**FEI Number:** 47-4247377

**Certificate of Status Desired:** Yes

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

MCALEER, CHRISTINA L  
820 15TH ST NW  
NAPLES, FL 34120 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	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	MCALEER, RICK J	Name	MCALEER, MATTHEW M
Address	820 15TH ST NW	Address	4500 27TH CT SW
City-State-Zip:	NAPLES FL 34120	City-State-Zip:	NAPLES 34116
Title	AUTHORIZED MEMBER		
Name	FUSCARDO, GUY		
Address	13300 SOUTH CLEVELAND AVE. SUITE 272		
City-State-Zip:	FT MYERS FL 33907		

*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:** RICK J MCALEER

CEO

05/11/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date