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.

MNG

SIGNATURE: CHRIS MADDEN

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business: 191 ISLAMORADA LANE

NAPLES. FL 34114

Current Mailing Address:

DOCUMENT# L16000215132

191 ISLAMORADA LN NAPLES. FL 34114 US

FEI Number: 36-4855253

Name and Address of Current Registered Agent:

Entity Name: FINISHING TOUCH CARPENTRY LLC

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

MADDEN, CHRIS A 191 ISLAMORADA LANE NAPLES, FL 34114 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	E: CHRIS A MADDEN			01/06/2021
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MANAGER	
Name	MADDEN, JOANN	Name	MADDEN, CHRIS A	
Address	191 ISAMORADA LANE	Address	191 ISLAMORADA LANE	
City-State-Zip:	NAPLES FL 34114	City-State-Zip:	NAPLES FL 34114	

Certificate of Status Desired: Yes

01/06/2021

Date