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: CHRIS MADDEN

City-State-Zip: ESTERO FL 33928

Electronic Signature of Signing Authorized Person(s) Detail

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			01/19/2024
	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	
Title	AUTHORIZED MEMBER			
Name	MADDEN, DANIEL T			
Address	21519 BELHAVEN WAY			

### Name and Address of Current Registered Agent:

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# **Current Mailing Address:**

191 ISLAMORADA LN NAPLES. FL 34114 US

### FEI Number: 36-4855253

MADDEN, CHRIS A 191 ISLAMORADA LANE NAPLES, FL 34114 US

NAPLES. FL 34114

**191 ISLAMORADA LANE** 

## Entity Name: FINISHING TOUCH CARPENTRY LLC

DOCUMENT# L16000215132

**Current Principal Place of Business:** 

### Jan 19, 2024 Secretary of State 9886476403CC

FILED

Certificate of Status Desired: Yes

01/19/2024 Date

MNGR