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, Fl	orida Statutes; and
that my name appears above, or on an attachment with all other like empowered.	

SIGNATURE: DAVID HIRSCH

Electronic Signature of Signing Authorized Person(s) Detail

FEI Number: 82-3622925	Certific
Name and Address of Current Registered Agent:	

HIRSCH, DAVID 13727 SW 152ND ST. # 765 MIAMI, FL 33177 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	DAVID HIRSCH			03/15/2018		
	Electronic Signature of Registered Agent			Date		
Authorized Person(s) Detail :						
Title	AMBR	Title	AMBR			
Name	HIRSCH, DAVID	Name	HALE, ERIC			
	5323 MILLENIA LAKES BLVD., SUITE	Address	284 HILLTOP DRIVE			
	#300	City-State-Zip:	LONGWOOD FL 32750			
City-State-Zip:	ORLANDO FL 32839					

## 2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

## DOCUMENT# L17000249657

Entity Name: DEPENDABLE HOME REMODELING LLC

## Current Principal Place of Business:

5323 MILLENIA LAKES BLVD. SUITE #300 ORLANDO, FL 32839

## **Current Mailing Address:**

5323 MILLENIA LAKES BLVD. SUITE #300 ORLANDO, FL 32839 US

ated on this report or supplemental report is true and accurate and that my electronic

AMBR

Mar 15, 2018 Secretary of State CC4236182519

FILED

Certificate of Status Desired: No

03/15/2018 Date