

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000160570

Entity Name: THE GH0 HOMES AGENCY LLC**Current Principal Place of Business:**590 NW MERCANTILE PLACE
PORT ST LUCIE, FL 34986**Current Mailing Address:**590 NW MERCANTILE PLACE
PORT ST LUCIE, FL 34986 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HANDLER, WILLIAM
590 NW MERCANTILE PLACE
PORT ST LUCIE, FL 34986 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 | MGR |
| Name | HANDLER, WILLIAM |
| Address | 590 NW MERCANTILE PLACE |
| City-State-Zip: | PORT ST LUCIE FL 34986 |

| | |
|-----------------|-------------------------|
| Title | P |
| Name | HANDLER, WILLIAM |
| Address | 590 NW MERCANTILE PLACE |
| City-State-Zip: | PORT ST LUCIE FL 34986 |

| | |
|-----------------|-------------------------|
| Title | VP |
| Name | FLOWERS, RENE |
| Address | 590 NW MERCANTILE PLACE |
| City-State-Zip: | PORT ST LUCIE FL 34986 |

| | |
|-----------------|------------------------|
| Title | VP |
| Name | HOGE, GEORGE |
| Address | 1144 SW GATLIN BLVD |
| City-State-Zip: | PORT ST LUCIE FL 34953 |

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: WILLIAM HANDLER

MGR

06/01/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date