# that my name appears above, or on an attachment with all other like empowered.

## 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

Electronic Signature of Registered Agent Authorized Person(s) Detail :

Authonizeu i	erson(s) Detail .
Title	MGR
Name	BAME, GENCI
Address	4355 WINDERGATE DRIVE

City-State-Zip: JACKSONVILLE FL 32557

SIGNATURE: GENCI BAME

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.

## FEI Number: 83-2641340

4355 WINDERGATE DRIVE JACKSONVILLE, FL 32557

## Name and Address of Current Registered Agent:

Entity Name: L. I. J. RENOVATION SERVICES, LLC

BAME, GENCI 4355 WINDERGATE DRIVE JACKSONVILLE, FL 32557 US

## SIGNATURE: GENCI BAME

### 4355 WINDERGATE DRIVE

**Current Mailing Address:** 

**Current Principal Place of Business:** 

JACKSONVILLE, FL 32557 US

2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT DOCUMENT# L18000266537

### FILED Sep 11, 2020 Secretary of State 1506524218CC

Certificate of Status Desired: Yes

09/11/2020 Date

Date

09/11/2020

Electronic Signature of Signing Authorized Person(s) Detail

MGRM