

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000022388

**Entity Name:** ONE PLACE HOME IMPROVEMENT LLC

**Current Principal Place of Business:**

6500 NW 12TH AVE  
STE 109  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

21055 NE 37TH AVE  
UNIT 602  
AVENTURA, FL 33180 US

**FEI Number:** 83-3331838

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PLASENCIA, RAMON  
10002 WINDING LAKE ROAD  
APT. 201  
SUNRISE, FL 33351 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 AMBR  
Name ARENAS CHACON, SOFIA VICTORIA  
Address 21055 NE 37TH AVE  
City-State-Zip: AVENTURA FL 33180

Title AMBR  
Name GALSKEY, ALAN O  
Address 2051 NE 195 DRIVE  
City-State-Zip: NORTH MIAMI BEACH FL 33179

Title AMBR  
Name PLASENCIA, RAMON  
Address 10002 WINDING LAKE ROAD  
APT. 201  
City-State-Zip: SUNRISE FL 33351

*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:** RAMON PLASENCIA

**OWNER MANAGER**

**07/28/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date