# 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: MICHAEL CONSTANTINO

Electronic Signature of Signing Authorized Person(s) Detail

#### CONSTANTINO, AMBER 3503 PLAZA AVE SPRING HILL, FL 34608 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: AMBER CONSTANTINO

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

## Authorized Person(s) Detail :

AMBR Name CONSTANTINO, MICHAEL Address 3503 PLAZA AVE City-State-Zip: SPRING HILL FL 34608

Title

03/13/2024 AMBR

Certificate of Status Desired: No

03/13/2024 Date

FILED Mar 13, 2024 Secretary of State 2832978385CC

# 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L19000098007

Entity Name: ALL IN ONE COMPLETE HOME SOLUTIONS LLC

# **Current Principal Place of Business:**

3503 PLAZA AVENUE SPRING HILL, FL 34608

# **Current Mailing Address:**

3503 PLAZA AVENUE SPRING HILL, FL 34608 US

# FEI Number: 83-4519704

Date