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: FLANCO VEILLARD

Electronic Signature of Signing Authorized Person(s) Detail

120 NW 42ND STREET MIAMI, FL 33127 US

Current Principal Place of Business:

FEI Number: 83-4387235

Current Mailing Address:

DOCUMENT# L19000101460

120 NW 42ND STREET MIAMI. FL 33127

Name and Address of Current Registered Agent:

FLANCO VEILLARD LIVING TRUST 120 NW 42ND STREET MIAMI, FL 33127 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: FLANCO VEILLARD

Electronic Signature of Registered Agent

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: COMPLETE MITIGATION & RESTORATION LLC

Authorized Person(s) Detail :

Title MANAGER Name FLANCO VEILLARD LIVING TRUST Address 120 NW 42ND STREET City-State-Zip: MIAMI FL 33127

FILED Apr 27, 2021 Secretary of State 9303314772CC

Certificate of Status Desired: No

04/27/2021 Date

MANAGER

04/27/2021 Date