FEI Number	r: 84-3205075		Certificate of Status Desired	• No
	Address of Current Registered Age	nt:	Certificate of Status Desired	. 110
RUOSS, JOHN 2052 WATER C FLEMING ISLA				
	d entity submits this statement for the purpose of cha	anging its registered office or regis	tered agent, or both, in the State of Florida.	
The above name	, , , , , , , , , , , , , , , , , , ,	anging its registered office or regis	tered agent, or both, in the State of Florida.	Date
The above name SIGNATURE	E:	anging its registered office or regis	tered agent, or both, in the State of Florida.	Date
The above name SIGNATURE	Electronic Signature of Registered Agent	anging its registered office or regis	tered agent, or both, in the State of Florida.	Date
The above name SIGNATURE Authorized	Electronic Signature of Registered Agent Person(s) Detail :			Date
The above name SIGNATURE Authorized Title	Electronic Signature of Registered Agent Person(s) Detail : AR	Title	AR	Date

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000180115

Entity Name: WHOLE 9 YARDS SERVICES, LLC

Current Principal Place of Business:

5051 HWY 17 SOUTH GREEN COVE SPRINGS, FL 32043

Current Mailing Address:

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: JOHN KENNETH RUOSS

AR

05/04/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED May 04, 2022 Secretary of State 4966504522CC