#### that my name appears above, or on an attachment with all other like empowered. 03/08/2025 SIGNATURE: JAMES WIND PRESIDENT

Electronic Signature of Signing Authorized Person(s) Detail

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L19000197864

Entity Name: HOME WORKS NOW LLC

## **Current Principal Place of Business:**

12601 TRADE WAY DRIVE UNIT 4 BONITA SPRINGS, FL 34135

## **Current Mailing Address:**

4336 5TH AVE NW NAPLES, FL 34119 US

# FEI Number: 84-2640105

## Name and Address of Current Registered Agent:

WIND, JAMES 4336 5TH AVE NW NAPLES, FL 34119 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	: JAMES WIND			03/08/2025
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	PRESIDENT	Title	VP	
Name	WIND, JAMES	Name	WIND, DIANA	
Address	4336 5TH AVE NW	Address	4336 5TH AVE NW	
City-State-Zip:	NAPLES FL 34119	City-State-Zip:	NAPLES FL 34119	

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

# FILED Mar 08, 2025 Secretary of State 7580984829CC

Certificate of Status Desired: No

Date