

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000261267

Entity Name: HOMESTEAD TINY ENTERPRISES, LLC**Current Principal Place of Business:**1050 NE 6TH BLVD
WILLISTON, FL 32696**Current Mailing Address:**412 W. NOBLE AVENUE
SUITE #5
WILLISTON, FL 32696 US**FEI Number:** 84-3555834**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CRANDELL, MATT
11809 CAMP DRIVE
DUNNELLON, FL 34432 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 CRANDELL, MATT
Address 103 HUNTING VALLEY TRAIL
City-State-Zip: CUMMING GA 30040

Title AMBR
Name JESSEN, GUIDO
Address 19806 BIRMINGHAM HWY
City-State-Zip: ALPHARETTA GA 30004

Title AMBR
Name WEST, KEVIN
Address 775 SIENNA DRIVE
City-State-Zip: CUMMING GA 30040

Title AMBR
Name CRANDELL, CHASE
Address 1310 NATCHEZ TRACE
City-State-Zip: SANDY SPRINGS GA 30350

Title AMBR
Name LAURITZ JOHNN ADRIANSEN
Address 840 STONEHAVEN LANE
City-State-Zip: ALPHARETTA GA 30005

Title AMBR
Name TANNER, ANDREW
Address 8965 BROCKHAM WAY
City-State-Zip: JOHNS CREEK MA 30022

Title AMBR
Name MCCREARY, STUART L
Address 156 NOCATEE TRAIL
City-State-Zip: WOODSTOCK GA 30188

Title AMBR
Name SUSAN, FEARON
Address 51 GINGER LANE
City-State-Zip: ELLIJAY GA 30536

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: KAREN MIGETZ**CONTROLLER****02/13/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date