

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000003191

Entity Name: JAPP HOMES L L C**Current Principal Place of Business:**23465 HARBORVIEW ROAD
UNIT:922
PORT CHARLOTTE, FL 33980**Current Mailing Address:**4422 W LONGMEADOW CT
PEORIA, IL 61615 US**FEI Number:** 86-1281231**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PARUPALLI, PRASAD V
23465 HARBORVIEW ROAD
UNIT:922
PORT CHARLOTTE, FL 33980 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	MGR
Name	PARUPALLI, PRASAD V
Address	23465 HARBORVIEW ROAD, UNIT:922
City-State-Zip:	PORT CHARLOTTE FL 33980
Title	AUTHORIZED MEMBER
Name	PARUPALLI, POOJA NIKITA
Address	23465 HARBORVIEW ROAD UNIT:922
City-State-Zip:	PORT CHARLOTTE FL 33980

Title	AUTHORIZED MEMBER
Name	PARUPALLI, JYOTHI
Address	23465 HARBORVIEW ROAD UNIT:922
City-State-Zip:	PORT CHARLOTTE FL 33980
Title	AUTHORIZED MEMBER
Name	PARUPALLI, ASHWIN HARRY
Address	23465 HARBORVIEW ROAD UNIT:922
City-State-Zip:	PORT CHARLOTTE FL 33980

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: PRASAD PARUPALLI**MANAGER****02/01/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date