

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000285411

**Entity Name:** REPOSE HOME SOLUTIONS LLC

**Current Principal Place of Business:**

7643 GATE PARKWAY  
SUITE 104  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

7643 GATE PARKWAY  
SUITE 104  
JACKSONVILLE, FL 32256 UN

**FEI Number:** 87-1315119

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WRIGHT, ALISHA  
11579 LONGWOOD KEY DR. E  
JACKSONVILLE, FL 32218 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 AR  
Name WRIGHT, RACHELE  
Address 3673 SUNFISH DR.  
City-State-Zip: JACKSONVILLE FL 32226

Title AR  
Name WRIGHT, ALISHA  
Address 11579 LONGWOOD KEY DT. E  
City-State-Zip: JACKSONVILLE FL 32218

*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:** RACHELE WRIGHT

AR

04/22/2022

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date