

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000405501

**Entity Name:** SNS HOME REPAIRS AND RENOVATIONS LLC

**Current Principal Place of Business:**

9198 CHIANTI CT  
BOYNTON BEACH, FL 33472

**Current Mailing Address:**

9198 CHIANTI CT  
BOYNTON BEACH, FL 33472 US

**FEI Number:** 87-2379421

**Certificate of Status Desired:** No

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

SOLOMON, SCOTT A  
9198 CHIANTI CT  
BOYNTON BEACH, FL 33472 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 MILLER, DAWN  
Address 9198 CHIANTI COURT  
City-State-Zip: BOYNTON BEACH FL 33472

Title AMBR  
Name MILLER, DAWN  
Address 9198 CHIANTI CT  
City-State-Zip: BOYNTON BEACH FL 33472

Title AMBR  
Name SOLOMON, SCOTT A  
Address 9198 CHIANTI CT  
City-State-Zip: BOYNTON BEACH FL 33472

Title MGRM  
Name MILLER, DAWN  
Address 9198 CHIANTI CT  
City-State-Zip: BOYNTON BEACH FL 33472

Title MGRM  
Name SOLOMON, SCOTT A  
Address 9198 CHIANTI CT  
City-State-Zip: BOYNTON BEACH FL 33472

*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:** DAWN MILLER

**VICE PRESIDENT**

**04/30/2024**

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

\_\_\_\_\_  
Date