

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000003265

Entity Name: HOMEASAP LLC

Current Principal Place of Business:

4887 BELFORT ROAD, SUITE 400
JACKSONVILLE, FL 32256

Current Mailing Address:

4887 BELFORT ROAD, SUITE 400
JACKSONVILLE, FL 32256 US

FEI Number: 20-5446343

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLOOMFIELD, MARK
4887 BELFORT ROAD, SUITE 400
JACKSONVILLE, FL 32256 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: MARK BLOOMFIELD

01/09/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER, PRESIDENT, CEO
Name BLOOMFIELD, MARK
Address 4887 BELFORT ROAD, SUITE 400
City-State-Zip: JACKSONVILLE FL 32256

Title MANAGER
Name IVEY, DAVID
Address 4887 BELFORT ROAD, SUITE 400
City-State-Zip: JACKSONVILLE FL 32256

Title COO/CFO, MGR
Name MARSHALL, JOHN R
Address 4887 BELFORT ROAD, SUITE 400
City-State-Zip: JACKSONVILLE FL 32256

Title MANAGER
Name STITGEN, DUSTIN
Address 4887 BELFORT ROAD, SUITE 400
City-State-Zip: JACKSONVILLE FL 32256

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: JOHN R. MARSHALL

COO/CFO, MGR

01/09/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date