

**2018 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:**

MARSHALL, JOHN  
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:** JOHN MARSHALL

01/11/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

Title: MGR, PRESIDENT, CEO  
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

Title: MANAGER  
Name: DAHL, ALAN  
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 MARSHALL

PRESIDENT/CEO

01/11/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date