# that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SERAPHINE HARRIS

Electronic Signature of Signing Authorized Person(s) Detail

## 6512 WINDING OAK DRIVE **TAMPA FL 33625**

**Current Principal Place of Business:** 

DOCUMENT# L22000281480

6512 WINDING OAK DRIVE TAMPA, FL 33625

### FEI Number: 88-2890981

**Current Mailing Address:** 

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

EVANGELIST, ZACHARY 6512 WINDING OAK DRIVE TAMPA, FL 33625 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

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: CRYSTAL QUALITY HOME SERVICES LLC

#### Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	EVANGELIST, ZACHARY	Name	HARRIS, SERAPHINE
Address	6512 WINDING OAK DRIVE	Address	11316 PARTRIDGE DRIVE
City-State-Zip:	TAMPA FL 33625	City-State-Zip:	TAMPA FL 33625

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

MGR

Certificate of Status Desired: Yes

Date

04/11/2023 Date