


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Jul 15, 2008 08:00 AM
Secretary of State**

DOCUMENT # L06000034690 1. Entity Name SR FINE ART RESTORATION, LLC	
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Principal Place of Business 9824 FAIRWAY COVE LANE PLANTATION, FL 33324	Mailing Address 9824 FAIRWAY COVE LANE PLANTATION, FL 33324
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DO NOT WRITE IN THIS SPACE



07112008 No Chg-LLC	CR2E083 (12/07)
4. FEI Number 20-4742003	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent RABINOWITSCH, SOLOMON 9824 FAIRWAY COVE LANE PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

U00000954961
07/15/08-80005-012-143.75

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008** In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RABINOWITSCH, SOLOMON 9824 FAIRWAY COVE LANE PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RABINOWITSCH, STACY 9824 FAIRWAY COVE LANE PLANTATION, FL 33324
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: Stacy Rabinowitsch Stacy Rabinowitsch 7/9/08 954 236 5743

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #