

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000084720

**FILED**  
**Feb 23, 2010**  
**Secretary of State**

**Entity Name:** SANDY FORD RESTORATIONS, LLC

**Current Principal Place of Business:**

418 NW SAND DOLLAR WAY  
GREENVILLE, FL 32331 US

**New Principal Place of Business:**

**Current Mailing Address:**

418 NW SAND DOLLAR WAY  
GREENVILLE, FL 32331 US

**New Mailing Address:**

**FEI Number:** 59-3260575

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REAMS, JOE S III  
418 NW SAND DOLLAR  
GREENVILLE,, FL 32331 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** REAMS, JOE S III  
**Address:** 418 NW SAND DOLLAR WAY  
**City-St-Zip:** GREENVILLE, FL 32331 US

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**Name:** REAMS, JOE S III  
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**Name:** REAMS, JOE S III  
**Address:** 418 NW SAND DOLLAR WAY  
**City-St-Zip:** GREENVILLE, FL 32331

I hereby certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** JOE S. REAMS,III

MGR

02/23/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date