2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M0400004021

1. Entity Name

RESTORATION SERVICES, LLC



FILED Jan 29, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

27W351 DEVON AVENUE HANOVER PARK, IL 60133

2472 KINGSLAKE BLVD. NAPLES, FL 34112



01242007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 36-4399227

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARINO, KEITH 2472 KINGSLAKE BLVD NAPLES, FL 34112

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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. 1			
SIGNATURE			
Filing Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARINO, KEITH 2472 KINGSLAKE BLVD NAPLES, FL 34112		U00000606673 01/31/07-80006-020 55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARINO, SUSAN 27W351 DEVON AVENUE HANOVER PARK, IL 60133		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP		IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. /		
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.			

KeiTH MARINU, Member