

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000109979

**Entity Name:** BLUE TEAM RESTORATION, LLC

**Current Principal Place of Business:**

6400 PARK OF COMMERCE BLVD  
SUITE 1B  
BOCA RATON, FL 33487

**Current Mailing Address:**

6400 PARK OF COMMERCE BLVD  
SUITE 1B  
BOCA RATON, FL 33487 US

**FEI Number:** 27-3737654

**Certificate of Status Desired:** Yes

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

BRYAN, MEKLIR  
6400 PARK OF COMMERCE BLVD  
SUITE 1B  
BOCA RATON, FL 33487 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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name MEKLIR, BRYAN A  
Address 3788 COVENTRY LN  
City-State-Zip: BOCA RATON FL 33496-4058

Title MRRM  
Name DAVENPORT, BRIAN CFO  
Address 6400 PARK OF COMMERCE BLVD  
SUITE 1B  
City-State-Zip: BOCA RATON FL 33487

*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:** BRIAN DAVENPORT

CFO

01/15/2020

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date