

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000016167

**Entity Name:** BROWARD COUNTY RESTORATION, LLC

**Current Principal Place of Business:**

925 SW 50TH TERRACE  
MARGATE, FL 33068

**Current Mailing Address:**

925 SW 50TH TERRACE  
MARGATE, FL 33068

**FEI Number:** 27-4822264

**Certificate of Status Desired:** No

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

MOR, OFER  
925 SW 50TH TERRACE  
MARGATE, FL 33068 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 MGR  
Name MOR, OFER  
Address 925 SW 50TH TER  
City-State-Zip: MARGATE FL 33068

*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:** OFER MOR

**OWNER**

**03/26/2014**

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

\_\_\_\_\_  
Date