

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000016167

**Entity Name:** 24 HOUR RESTORATION EXPERTS, LLC

**Current Principal Place of Business:**

12001 NW 35TH ST  
221  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

12001 NW 35TH ST  
221  
CORAL SPRINGS, FL 33065 US

**FEI Number:** 27-4822264

**Certificate of Status Desired:** Yes

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

MOR, OFER  
12001 NW 35TH ST  
221  
CORAL SPRINGS, FL 33065 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 12001 NW 35TH ST  
221  
City-State-Zip: CORAL SPRINGS FL 33065

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** OFER MOR

**OWNER**

**02/19/2013**

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

\_\_\_\_\_  
Date