

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000085764

**Entity Name:** SPACE COAST RESTORATION LLC

**Current Principal Place of Business:**

3972 W EAU GALLIE BLVD  
SUITE C  
MELBOURNE, FL 32934

**Current Mailing Address:**

3972 W EAU GALLIE BLVD  
SUITE C  
MELBOURNE, FL 32934 US

**FEI Number:** 45-2881059

**Certificate of Status Desired:** No

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

WELSH, GINA  
3972 W EAU GALLIE BLVD  
SUITE A  
MELBOURNE, FL 32934 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 WELSH, GINA  
Address 3972 W EAU GALLIE BLVD, SUITE A  
City-State-Zip: MELBOURNE FL 32934

Title MGRM  
Name WELSH, GINA  
Address 3972 W EAU GALLIE BLVD, SUITE A  
City-State-Zip: MELBOURNE FL 32934

*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:** GINA WELSH

MMBR

02/05/2015

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

\_\_\_\_\_  
Date