

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000147284

**FILED**  
**Jan 20, 2013**  
**Secretary of State**  
**CC6518325382**

**Entity Name:** DAYSTAR RESTORATION SERVICES, LLC

**Current Principal Place of Business:**

2607 S. WOODLAND BLVD.  
SUITE 126  
DELAND, FL 32720

**Current Mailing Address:**

2607 S. WOODLAND BLVD.  
SUITE 126  
DELAND, FL 32720 US

**FEI Number:** 46-1438714

**Certificate of Status Desired:** Yes

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

QUINONES, JOHN  
391 W. HOLLY DRIVE  
ORANGE CITY, FL 32763 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           VP  
Name           QUINONES, JOHN M  
Address        391 W. HOLLY DRIVE  
City-State-Zip: ORANGE CITY FL 32763

Title           TREASURER  
Name           QUINONES, THOMAS J  
Address        391 W. HOLLY DRIVE  
City-State-Zip: ORANGE CITY FL 32763

Title           MANAGER  
Name           QUINONES, BETH Z  
Address        391 W. HOLLY DRIVE  
City-State-Zip: ORANGE CITY FL 32763

*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:** JOHN QUINONES

**PRESIDENT,  
REGISTERED AGENT**

**01/20/2013**

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

\_\_\_\_\_  
Date