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.

MANAGER

SIGNATURE: DAMIAN L MANTZOROS

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: RESTORATION & REPAIR SERVICES LLC

Current Principal Place of Business:

11067 GULFSTREAM BLVD ENGLEWOOD, FL 34224

DOCUMENT# L13000016556

Current Mailing Address:

11067 GULFSTREAM BLVD ENGLEWOOD, FL 34224 US

FEI Number: 46-1936998

Name and Address of Current Registered Agent:

MANTZOROS, DAMIAN L 11067 GULFSTREAM BLVD ENGLEWOOD, FL 34224 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

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Authorized Person(s) Detail :

Title	MGR	Title	MANAGER
Name	MANTZOROS, DAMIAN L	Name	BRAY, VALERIE A
Address	11067 GULFSTREAM BLVD	Address	11067 GULFSTREAM BLVD
City-State-Zip:	ENGLEWOOD FL 34224	City-State-Zip:	ENGLEWOOD FL 34224

FILED May 01, 2014 Secretary of State CC1927471880

Certificate of Status Desired: Yes

Date

05/01/2014 Date