

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000020894

**Entity Name:** KENWOOD RESTORE, LLC

**Current Principal Place of Business:**

2825 3RD AVENUE N.  
ST. PETERSBURG, FL 33713

**Current Mailing Address:**

12520 EDGEWATER DR.  
506  
LAKEWOOD, OH 44107 US

**FEI Number:** 34-1884167

**Certificate of Status Desired:** Yes

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

SAPIENZA, SAM  
2825 3RD AVENUE N.  
ST. PETERSBURG, FL 33713 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 SAPIENZA, SAM  
Address 12520 EDGEWATER DR.  
City-State-Zip: LAKEWOOD OH 44107

Title MANAGER  
Name SAPIENZA, JOYCE C  
Address 12520 EDGEWATER DR.  
506  
City-State-Zip: LAKEWOOD OH 44107

*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:** SAM SAPIENZA

**OWNER/MANAGER**

**01/28/2014**

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

\_\_\_\_\_  
Date