

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000080929

Entity Name: RESTORE DRY, LLC

Current Principal Place of Business:

5323 SW 34TH TERRACE
FORT LAUDERDALE, FL 33312

Current Mailing Address:

5323 SW 34TH TERRACE
FORT LAUDERDALE, FL 33312

FEI Number: 47-1790246

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHLOMI, MAWARDI
5323 SW 34TH TERRACE
FORT LAUDERDALE, FL 33312 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 PRESIDENT, TREASURER, MANAGER
Name MAWARDI, SHLOMI
Address 5323 SW 34TH TERRACE
City-State-Zip: FORT LAUDERDALE FL 33312

Title VP, DIRECTOR
Name MAWARDI, AARON
Address 5323 SW 34TH TERRACE
City-State-Zip: FORT LAUDERDALE FL 33312

Title DIRECTOR
Name MAWARDI , ABRAHAM
Address 5323 SW 34TH TERRACE
City-State-Zip: FORT LAUDERDALE FL 33312

Title SECRETARY, DIRECTOR
Name MAWARDI, EMMA
Address 5323 SW 34TH TERRACE
City-State-Zip: FT. LAUDERDALE FL 33312

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: SHLOMI MAWARDI

PRESIDENT

01/23/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date