

**2018 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 CEO /  
                    PRESIDENT / MEMBER  
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

**CEO / PRESIDENT /  
MEMBER**

**03/02/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date