

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000178568

Entity Name: UNITED RESTORATION SERVICES LLC**Current Principal Place of Business:**3450 SPRING BRANCH RD.
MONTGOMERY, TX 77316**Current Mailing Address:**3450 SPRING BRANCH RD.
MONTGOMERY, TX 77316 US**FEI Number:** 47-2356674**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MEMBER
Name STROADE, EARNEST PAUL
Address 3450 SPRING BRANCH RD.
City-State-Zip: MONTGOMERY TX 77316

Title MEMBER
Name JAROSEWICZ, MICHAEL FRANKLIN
Address 3450 SPRING BRANCH RD.
City-State-Zip: MONTGOMERY TX 77316

Title MEMBER
Name KIRBY, PAUL CHAD
Address 3450 SPRING BRANCH RD.
City-State-Zip: MONTGOMERY TX 77316

Title MEMBER
Name PRICE, PATTI SUE
Address 3450 SPRING BRANCH RD.
City-State-Zip: MONTGOMERY TX 77316

Title MEMBER
Name PRICE, CHADRICK CHRISMAN
Address 3450 SPRING BRANCH RD.
City-State-Zip: MONTGOMERY TX 77316

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: EARNEST PAUL STROADE

MEMBER

04/15/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date