LUTZ, FL 3				
FEI Number: 47-4711142			Certificate of Status De	sired: No
Name and A	ddress of Current Registered Agent:			
ZENTKOVICH, 3308 BAYPORT HOLIDAY, FL 3				
The above named	I entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of I	Florida.
	entity submits this statement for the purpose of changing its regis MICHAEL JOEL ZENTKOVICH	stered office or regis	tered agent, or both, in the State of I	<sup>Florida.</sup> 05/01/2019
		stered office or regis	tered agent, or both, in the State of I	
SIGNATURE	MICHAEL JOEL ZENTKOVICH	stered office or regis	tered agent, or both, in the State of I	05/01/2019
SIGNATURE	E: MICHAEL JOEL ZENTKOVICH Electronic Signature of Registered Agent	stered office or regist	tered agent, or both, in the State of I	05/01/2019
SIGNATURE	MICHAEL JOEL ZENTKOVICH     Electronic Signature of Registered Agent  Person(s) Detail :			05/01/2019
SIGNATURE Authorized I	MICHAEL JOEL ZENTKOVICH     Electronic Signature of Registered Agent  Person(s) Detail :     AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER	05/01/2019

HOLIDAY, FL 34691

3308 BAYPORT DR

## **Current Mailing Address:**

DOCUMENT# L15000131531

**Current Principal Place of Business:** 

PO BOX 2422 L

## I

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: TOTAL RESTORATION ENTERPRISES, LLC

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 effer 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 60		
that my name appears above, or on an attachment with all other like empowered.	oo, nonda olalaloo, and	

SIGNATURE: SHADY, ALTON

05/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

FILED May 01, 2019 Secretary of State 2971875341CC

Date