

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000140030

**Entity Name:** C&D RESTORATION SOLUTIONS LLC

**Current Principal Place of Business:**

1929 N. LAURA ST.  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

1929 N. LAURA ST.  
JACKSONVILLE, FL 32206 US

**FEI Number:** 82-2078841

**Certificate of Status Desired:** No

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

LEE, WILLIAM C  
1929 N. LAURA ST.  
JACKSONVILLE, FL 32206 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 MGR  
Name LEE, WILLIAM C  
Address 1929 N. LAURA ST.  
City-State-Zip: JACKSONVILLE FL 32206

Title AMBR  
Name RIDGEWAY, DANIEL L  
Address 2428 NEW BERLIN RD.  
City-State-Zip: JACKSONVILLE FL 32218

*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:** WILLIAM C. LEE

MGR

04/30/2021

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

\_\_\_\_\_  
Date