

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000144163

**Entity Name:** RESTORATIVE SOLUTIONS, LLC

**Current Principal Place of Business:**

1885 PALM COVE BLVD  
UNIT 308  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

1885 PALM COVE BLVD  
UNIT 308  
DELRAY BEACH, FL 33445 US

**FEI Number:** 83-0900832

**Certificate of Status Desired:** No

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

MATZA, JEREMY  
1885 PALM COVE BLVD  
UNIT 308  
DELRAY BEACH, FL 33445 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 AP  
Name MATZA, JEREMY  
Address 1885 PALM COVE BLVD. #308  
City-State-Zip: DELRAY BEACH FL 33445

Title AP  
Name RIVERA, GENEVIEVE  
Address 1885 PALM COVE BLVD. #308  
City-State-Zip: DELRAY BEACH FL 33445

*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:** JEREMY MATZA

AP

03/14/2019

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

\_\_\_\_\_  
Date