

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000029925

**Entity Name:** AVID RESTORATION, LLC

**Current Principal Place of Business:**

5143 SOUTH JOHN YOUNG PKWY  
SUITE 571  
ORLANDO, FL 32839

**Current Mailing Address:**

5143 SOUTH JOHN YOUNG PKWY  
SUITE 571  
ORLANDO, FL 32839

**FEI Number:** 83-0837211

**Certificate of Status Desired:** No

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

COIT, ARON  
5143 SOUTH JOHN YOUNG PKWY  
SUITE 571  
ORLANDO, FL 32839 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           | AMBR               | Title           | AMBR                |
| Name            | COIT, ARON         | Name            | PARKER, RODNEY      |
| Address         | 14605 GRAND AVENUE | Address         | 14907 LAUREL AVENUE |
| City-State-Zip: | OMAHA NE 68116     | City-State-Zip: | OMAHA NE 68116      |

*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:** PARKER, RODNEY

**AUTHORIZED MANAGER** 04/25/2022

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

\_\_\_\_\_  
Date