

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000157264

**Entity Name:** CORNERSTONE RESTORATION LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

2950 HALCYON LANE  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

2950 HALCYON LANE  
JACKSONVILLE, FL 32223 US

**FEI Number: 86-3320055**

**Certificate of Status Desired: No**

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

COUCH, JEREMIAH L  
3859 GRANDPINE WAY  
APT 205  
CASSELBERRY, FL 32707 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            | CIMAROLI, LISA A       | Name            | COUCH, JEREMIAH             |
| Address         | 1734 SHOREVIEW DR WEST | Address         | 3859 GRANDPINE WAY, APT 205 |
| City-State-Zip: | JACKSONVILLE FL 32218  | City-State-Zip: | CASSELBERRY FL 32707        |

*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: JEREMIAH L COUCH**

**AMBR**

**02/08/2023**

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

\_\_\_\_\_  
Date