

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000008454

**Entity Name:** MERCEDES RESTORATION, LLC

**Current Principal Place of Business:**

1590 TEXAS HIGHWAY 121  
BLDG 2, SUITE 100  
LEWISVILLE, TX 75056

**Current Mailing Address:**

1590 TEXAS HIGHWAY 121, BLDG 2, SUITE 100  
LEWISVILLE, TX 75056 US

**FEI Number:** 26-4119907

**Certificate of Status Desired:** No

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

THE HEALTH LAW FIRM  
1101 DOUGLAS AVENUE  
ALTAMONTE SPRINGS, FL 32714 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 MGRM  
Name JUNELL, ELIZABETH  
Address 225 BARKLEY DRIVE  
City-State-Zip: HICKORY CREEK TX 75065

Title MGRM  
Name DYER, WOODROW R III  
Address 8350 NORTH CENTRAL  
EXPRESSWAY, SUITE 1500  
City-State-Zip: DALLAS TX 75206

Title MGRM  
Name LINDSEY, MARK D  
Address 7601 GOODNIGHT TRAIL  
City-State-Zip: AMARILLO TX 79110

*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:** ELIZABETH JUNELL

**OWNER**

**01/24/2020**

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

\_\_\_\_\_  
Date