

2024 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M22000013272

Entity Name: ADVANCED RESTORATION & COMPANY, LLC**Current Principal Place of Business:**3851 NW 124TH AVE
CORAL SPRINGS, FL 33065**Current Mailing Address:**3851 NW 124TH AVE
CORAL SPRINGS, FL 33065 US**FEI Number:** 88-3426302**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 AUTHORIZED MEMBER
Name AZAR, ELIE P
Address 501 BRICKELL KEY DR.
SUITE 104
City-State-Zip: MIAMI FL 33131

Title PRESIDENT
Name AZAR, ELIE P.
Address 501 BRICKELL KEY DR.
SUITE 104
City-State-Zip: MIAMI FL 33131

Title SECRETARY
Name KOHN, JUDD
Address 500 W. MADISON ST
STE 1000
City-State-Zip: CHICAGO IL 60661

Title TREASURER
Name MAHMOUD, KAREEN
Address 515 MADISON AVENUE 8TH FL
City-State-Zip: NEW YORK NY 10022

Title AUTHORIZED REPRESENTATIVE
Name RODRIGUEZ, PAUL
Address 501 BRICKELL KEY DR.
SUITE 104
City-State-Zip: MIAMI FL 33131

Title AUTHORIZED REPRESENTATIVE
Name LAFFERTY, SEAN
Address 501 BRICKELL KEY DR.
SUITE 104
City-State-Zip: MIAMI FL 33131

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: SEAN LAFFERTY**AUTHORIZED
REPRESENTATIVE****02/12/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date