

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000016320

Entity Name: LB RESTORATION, L.L.C.

FILED  
Mar 19, 2009  
Secretary of State

**Current Principal Place of Business:**

66 PALMER AVE.  
STE 43  
BRONXVILLE, NY 10708

**New Principal Place of Business:**

**Current Mailing Address:**

66 PALMER AVE.  
STE 43  
BRONXVILLE, NY 10708

**New Mailing Address:**

FEI Number: 58-2597763

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

COHEN, SETH I ESQ.  
SETH I. COHEN, P.A.  
2500 N. MILITARY TRAIL, STE. 200  
BOCA RATON, FL 33431 US

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

COHEN, SETH I P.A.  
5550 GLADES ROAD  
SUITE 250  
BOCA RATON, FL 33431 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: SETH I. COHEN, P.A.

03/19/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LASALA, THOMAS E  
Address: 66 PALMER AVE.  
City-St-Zip: BRONXVILLE, NY 10708

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: THOMAS E. LASALA

MGR

03/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date