

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000024198

1. Entity Name
TMR RESTORATIONS, LLC



Principal Place of Business
21860 CYPRESS PALM COURT
BOCA RATON, FL 33428

Mailing Address
8130 GLADES ROAD
#365
BOCA RATON, FL 33434



04272004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2082822

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

MILANESE, JON P
21860 CYPRESS PALM COURT
BOCA RATON, FL 33428

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

000000140346
04/29/04-80159-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME MILANESE, TAMARA A
STREET ADDRESS 21860 CYPRESS PALM COURT
CITY-ST- ZIP BOCA RATON, FL 33428

TITLE MGRM
NAME MILANESE, JON P
STREET ADDRESS 21860 CYPRESS PALM COURT
CITY-ST- ZIP BOCA RATON, FL 33428

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Jon P. Milane **Jon P. Milane** 4/27/2004 954-524-7000