

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000055317

1. Entity Name
TOTAL RESTORATION, L.L.C.



Principal Place of Business

11779 HWY 3280
BRUCE, FL 32455

Mailing Address

11779 HWY 3280
BRUCE, FL 32455



01132005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

90-0131934

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

YANCEY, RONALD
11779 HWY 3280
BRUCE, FL 32455

**DO NOT WRITE
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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
YANCEY, RONALD L
11779 HWY 3280
BRUCE, FL 32455

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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01/28/05-80029-010 50.00

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IN THIS SPACE**

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 of assets empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Ronald Yancey*

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

JAN. 24 - 05 850-835-195

Date

Daytime Phone #