2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Mar 04, 2008 8:00 am
Secretary of State
03-04-2008 90106 010 ***138.75

DOCUMENT # L03000055317

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

Principal Place of Business	Mailing Address
399 STEWART DR DEFUNIAK SPRINGS FL 32433	399 STEWART DR DEFUNIAK SPRINGS FL 32433

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

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

7. Name and Address of New Registered Agent

Name YANCEY, RONALD L.
Street Address (P.O. Box Number is Not Acceptable) 399 STEWART, DR.
DEFUNIAK, SPG, FL.
City FL Zip Code 32433

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] RONALD L YANCEY 2-25-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YANCEY, RONALD L 11779 HWY 3280 BRUCE FL 32455	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM. YANCEY, RONALD L. 399, STEWART DR. DefuniAK SPG, FL. 32433	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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] RONALD L YANCEY. 2-23-08 (850)951-1050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #