

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000014701

FILED
Jan 10, 2005
Secretary of State

Entity Name: ASSET RESTORATION SERVICES, LLC

Current Principal Place of Business:

232 PORTSMOUTH COVE
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

232 PORTSMOUTH COVE
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CARROLL, PATRICK L
232 PORTSMOUTH COVE
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: CARROLL, PATRICK
Address: 232 PORTSMOUTH COVE
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CARROLL, PATRICK L
Address: 232 PORTSMOUTH COVE
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICK L. CARROLL MGRM 01/10/2005

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