

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000015261

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** SIGNATURE RESTORATION AND DEVELOPMENT, LLC

**Current Principal Place of Business:**

8100 BELVEDERE ROAD  
SUITE 9  
WEST PALM BEACH, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

8100 BELVEDERE ROAD  
SUITE 9  
WEST PALM BEACH, FL 33411

**New Mailing Address:**

**FEI Number:** 20-0784235

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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/MANAGERS:**

**Title:** MGRM  
**Name:** MESAKE, WAYNE  
**Address:** 8100 BELVEDERE ROAD, SUITE 9  
**City-St-Zip:** WEST PALM BEACH, FL 33411

**Title:** MGRM  
**Name:** BOHN, PHILIP  
**Address:** 5755 RANCHES ROAD  
**City-St-Zip:** LAKE WORTH, FL 33756

**Title:** MGRM  
**Name:** FLEX CONSULTING, LLC  
**Address:** 8461 LAKE WORTH ROAD, SUITE 210  
**City-St-Zip:** LAKE WORTH, FL 33467

**Title:** MGRM  
**Name:** ROCK DEVELOPMENT, INC  
**Address:** 8461 LAKE WORTH ROAD, SUITE 210  
**City-St-Zip:** LAKE WORTH, FL 33467

I hereby 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:** PHILIP BOHN

MGRM

04/27/2011

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