

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000064246

Entity Name: DR. RESTORATION, LLC.

**FILED**  
**Jan 24, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5703 US 31 SOUTH  
STE. A  
INDIANAPOLIS, IN 46227

**New Principal Place of Business:**

**Current Mailing Address:**

5703 US 31 SOUTH  
STE. A  
INDIANAPOLIS, IN 46227

**New Mailing Address:**

FEI Number: 41-2301617

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BUSINESS SUPPORT INC.  
417 STOWE AVE  
SUITE A  
ORANGE PARK, FL 32073 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: RILEY, RICHARD D  
Address: 6528 TRAVIS ROAD  
City-St-Zip: GREENWOOD, IN 46143

Title: MGRM  
Name: JULIE, RILEY A  
Address: 6528 TRAVIS ROAD  
City-St-Zip: GREENWOOD, IN 46143

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: RICHARD D RILEY

MM

01/24/2011

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