

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

DOCUMENT # L05000005280

1. Entity Name  
RESTORATION, LLC



Principal Place of Business  
2031 NE 27TH COURT  
LIGHTHOUSE POINT, FL 33064 US

Mailing Address  
2031 NE 27TH COURT  
LIGHTHOUSE POINT, FL 33064 US

**FILED**  
**Feb 13, 2007 08:00 AM**  
**Secretary of State**



01162007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2622138

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

STUART C WARDLAW, P.A.  
2929 E COMMERCIAL BOULEVARD  
SUITE 501  
FORT LAUDERDALE, FL 33308

**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, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME LAMB, JOHN  
STREET ADDRESS 2031 NE 27TH COURT  
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33308

TITLE MGRM  
NAME LAMB, KATHY  
STREET ADDRESS 2031 NE 27TH COURT  
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33308

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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02/22/07-80019-003 55.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *X* Kathleen A. Lamb

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

*X* 2/3/07  
Date

Daytime Phone #