

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90038 050 ****50.00

DOCUMENT # L05000084399

1. Entity Name
TAYLOR RESTORATIONS, LLC



Principal Place of Business
**14 REGINA BLVD.
BEVERLY HILLS, FL 34465 US**

Mailing Address
**14 REGINA BLVD.
BEVERLY HILLS, FL 34465 US**



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

01312007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3363747

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TAYLOR, DEBRA E
5532 MOSAIC DR
HOLIDAY, FL 34690**

Name

Street Address (P.O. Box Number is Not Acceptable)

8076 NORTH MERRIMAC WAY

City

CITRUS SPRINGS

FL

Zip Code

34434

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
TAYLOR, DEBRA E
~~9260 N. SANDREE DR~~
CITRUS SPRINGS, FL 34434** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
8076 NORTH MERRIMAC WAY ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
TAYLOR, ROMONDA L
~~9260 N. SANDREE DR~~
CITRUS SPRINGS, FL 34434** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
8076 NORTH MERRIMAC WAY ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

Debra Taylor

4/16/07 (352)249-1072