

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000084399

**FILED**  
**Feb 24, 2012**  
**Secretary of State**

**Entity Name:** TAYLOR RESTORATIONS, LLC

**Current Principal Place of Business:**

797 WEST HOMEWAY LOOP  
CITRUS SPRINGS, FL 34434 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 182  
HOLDER, FL 34445

**New Mailing Address:**

**FEI Number:** 20-3363747

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAYLOR, DEBRA E  
797 WEST HOMEWAY LOOP  
CITRUS SPRINGS, FL 34434 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: TAYLOR, DEBRA E  
Address: 797 WEST HOMEWAY LOOP  
City-St-Zip: CITRUS SPRINGS, FL 34434 US

Title: MGRM  
Name: TAYLOR, ROMONDA L  
Address: 797 WEST HOMEWAY LOOP  
City-St-Zip: CITRUS SPRINGS, FL 34434 US

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: DEBRA E. TAYLOR

MGRM

02/24/2012

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