

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000015813

Entity Name: RESTORE ACTION, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

8180 NW 36 ST
419
MIAMI, FL 33166

Current Mailing Address:

8180 NW 36 ST
419
MIAMI, FL 33166

New Principal Place of Business:

8180 NW 36 ST
421
MIAMI, FL 33166

New Mailing Address:

8180 NW 36 ST
421
MIAMI, FL 33166

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREYRA, INGRID S
8180 NW 36 ST
419
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

PEREYRA, INGRID S
8180 NW 36 ST
421
MIAMI, FL 33166 US

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: INGRID PEREYRA

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PEREYRA, INGRID S
Address: 8180 NW 36 ST SUITE 419
City-St-Zip: MIAMI, FL 33166

Title: MGR () Delete
Name: PEREYRA, RICHARD B
Address: 8180 NW 36 ST SUITE 419
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PEREYRA, INGRID S
Address: 8180 NW 36 ST SUITE 421
City-St-Zip: MIAMI, FL 33166

Title: MGR (X) Change () Addition
Name: PEREYRA, RICHARD B
Address: 8180 NW 36 ST SUITE 421
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: INGRID PEREYRA

MGR

04/29/2009

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