

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000077224

FILED
Apr 25, 2008
Secretary of State

Entity Name: SOUTHERN RESTORATION SERVICES, LLC

Current Principal Place of Business:

809 E. BLOOMINGDALE AVENUE
SUITE 272
BRANDON, FL 33511

New Principal Place of Business:

13506 SUMMERPORT VILLAGE PARKWAY
#117
WINDERMERE, FL 34786

Current Mailing Address:

809 E. BLOOMINGDALE AVENUE
SUITE 272
BRANDON, FL 33511

New Mailing Address:

13506 SUMMERPORT VILLAGE PARKWAY
#117
WINDERMERE, FL 34786

FEI Number: 20-5319803

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LASMAN, JEFFREY M ESQ.
6152 DELANCEY STATION STREET
SUITE 205
RIVERVIEW, FL 33569 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 () Delete
Name: ROTH, ADAM B
Address: 4627 RIVER OVER LOOK DRIVE
City-St-Zip: VALRICO, FL 33594

Title: MGRM (X) Delete
Name: ROTH, RICHARD A
Address: 2520 MARINA BAY DRIVE EAST, #107
City-St-Zip: FT. LAUDERDALE, FL 33312

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROTH, BARBRA
Address: 13506 SUMMERPORT VILLAGE PARKWAY #117
City-St-Zip: WINDERMERE, FL 34786

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BARBRA ROTH

MGRM

04/25/2008

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