

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jan 04, 2011
Secretary of State

Entity Name: RESTORSURANCE SERVICES, LLC

Current Principal Place of Business:

16627 PINE TIMBER AVE
MONTVERDE, FL 34756 US

New Principal Place of Business:

630 NORTH HART BLVD.
ORLANDO, FL 32818 US

Current Mailing Address:

PO BOX 560220
MONTVERDE, FL 34756 US

New Mailing Address:

FEI Number: 20-8007016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMM, MICHAEL A
16627 PINE TIMBER AVE
MONTVERDE, FL 34756 US

Name and Address of New Registered Agent:

HAMM, MICHAEL A
16627 PINE TIMBER AVE.
ORLANDO, FL 34756 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:

01/04/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: HAMM, MICHAEL A
Address: 16627 PINE TIMBER AVE
City-St-Zip: MONTVERDE, FL 34756 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: MICHAEL A. HAMM

MGR

01/04/2011

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