

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000071343

FILED  
Jan 16, 2010  
Secretary of State

**Entity Name:** ST. MICHAEL RESTORATION L.L.C.

**Current Principal Place of Business:**

5588 EAST BAY BLVD.  
GULF BREEZE, FL 32563

**New Principal Place of Business:**

**Current Mailing Address:**

5588 EAST BAY BLVD.  
GULF BREEZE, FL 32563

**New Mailing Address:**

**FEI Number:** 26-0633633

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOLL, ANN  
5588 EAST BAY BLVD.  
GULF BREEZE, FL 32563 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: WOLL, ANN  
Address: 5588 EAST BAY BLVD.  
City-St-Zip: GULF BREEZE, FL 32563

Title: MGRM  
Name: WOLL, HERBERT  
Address: 5588 EAST BAY BLVD.  
City-St-Zip: GULF BREEZE, FL 32563

Title: MGRM  
Name: REYNOLDS, ALLISON  
Address: 3030 MAGNOLIA  
City-St-Zip: PENSACOLA, FL 32503

Title: MGRM  
Name: REYNOLDS, CHRISTOPHER  
Address: 3030 MAGNOLIA  
City-St-Zip: PENSACOLA, FL 32503

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: ANN WOLL

MGRM

01/16/2010

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