

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000074348

Entity Name: JAF RESTORATION LLC

**FILED**  
**Apr 23, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

364 NORTHPOINTE COURT  
202  
ALTAMONTE SPRINGS, FL 32701 US

**New Principal Place of Business:**

**Current Mailing Address:**

364 NORTHPOINTE COURT  
202  
ALTAMONTE SPRINGS, FL 32701 US

**New Mailing Address:**

FEI Number: 26-0585203

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRACCO, OMAR A  
364 NORTHPOINTE CT.  
202  
ALTAMONTE SPRINGS, FL 32701 US

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

BRACCO, OMAR  
364 NORTHPOINTE COURT  
202  
ALTAMONTE SPRINGS, FL 32701 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: OMAR BRACCO

04/23/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CAZUNI, ANGELA  
Address: 4972 EAGLESMERE DRIVE #912  
City-St-Zip: ORLANDO, FL 32819 US

Title: MGRM  
Name: BRACCO, OMAR  
Address: 364 NORTHPOINTE CT. APT. 202  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 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: OMAR BRACCO

MGR

04/23/2010

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