

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000002033

FILED
Feb 06, 2009
Secretary of State

Entity Name: FLORIDA RESTORATION & RECOVERY, LLC

Current Principal Place of Business:

2738 BERKFORD CIRCLE
LAKELAND, FL 33810

New Principal Place of Business:

14 SPIRIT LAKE ROAD
WINTER HAVEN, FL 33880

Current Mailing Address:

13176 N. DALE MABRY HWY
236
TAMPA, FL 33618

New Mailing Address:

FEI Number: 30-0456479 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PELLAM, CAROL A
13176 N. DALE MABRY HWY
236
TAMPA, FL 33618 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: PELLAM, CAROL A
Address: 13176 N. DALE MABRY HWY #236
City-St-Zip: TAMPA, FL 33618

Title: MGRM () Delete
Name: HICKS, DANNY L
Address: 2631 WOOD WIND HILLS LN
City-St-Zip: LAKELAND, FL 33812

Title: MGRM () Delete
Name: BRISTOL, JAMES
Address: 1110 FOX HUNT DRIVE
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES:

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

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

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: CAROL A PELLAM

MGRM

02/06/2009

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