

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000003757

**FILED**  
**Mar 27, 2012**  
**Secretary of State**

**Entity Name:** INSURANCE FIRE & WATER RESTORATIONS, LLC

**Current Principal Place of Business:**

2151 ANDREA LANE  
FT MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

2151 ANDREA LANE  
FT MYERS, FL 33912

**New Mailing Address:**

**FEI Number:** 26-1736248

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KYLE, KEVIN A  
1380 ROYAL PALM SQUARE BLVD  
FT MYERS, FL 33919 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: LAVENDER, JON K  
Address: 16198 CROWN ARBOR WAY  
City-St-Zip: FT MYERS, FL 33908

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: JON K. LAVENDER

MGRM

03/27/2012

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