

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000007721

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** ANDERSON RESTORE, L.L.C.

**Current Principal Place of Business:**

11344 LAKE BUTLER BOULEVARD  
WINDERMERE, FL 34786 US

**New Principal Place of Business:**

**Current Mailing Address:**

11344 LAKE BUTLER BOULEVARD  
WINDERMERE, FL 34786 US

**New Mailing Address:**

**FEI Number:** 26-1798056

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WEATHERFORD, WILLIAM P JR  
1150 LOUISIANA AVENUE  
SUITE 4  
WINTER PARK, FL 32789 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:** PRES  
**Name:** ANDERSON, MICHAEL W MD  
**Address:** 11344 LAKE BUTLER BOULEVARD  
**City-St-Zip:** WINDERMERE, FL 34786 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 W. ANDERSON, MD

PRES

04/30/2012

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