

# 2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000095080

Entity Name: N. FLORIDA RESTORATION LLC

FILED  
Sep 10, 2009  
Secretary of State

**Current Principal Place of Business:**

2520 ISABELLA BLVD.  
SUITE 30  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

2520 ISABELLA BLVD.  
SUITE 30  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

FEI Number: 26-3502206

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RICH, RICHARD J  
2520 ISABELLA BLVD.  
SUITE 30  
JACKSONVILLE BEACH, FL 32250 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: RICH, RICHARD J  
Address: 2520 ISABELLA BLVD.  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: RICH, RICHARD J  
Address: 2520 ISABELLA BLVD. SUITE 30  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: MGRM ( ) Change (X) Addition  
Name: ANDERSON, LESLIE E  
Address: 2520 ISABELLA BLVD. SUITE 30  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: LESLIE E. ANDERSON

MGRM

09/10/2009

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