2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jun 25, 2009
Secretary of State

DOCUMENT# L08000106355

Entity Name: SERVICE 1 RESTORATION LLC

Current Principal Place of Business:

747 94TH AVENUE NORTH
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

747 94TH AVENUE NORTH
NAPLES, FL 34108

New Mailing Address:

FEI Number: 26-3716508 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CROUSE, GEOFFREY B
747 94TH AVENUE NORTH
NAPLES, FL 34108 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: CROUSE, GEOFFREY B MGRM
Address: 747 94TH AVENUE NORTH
City-St-Zip: NAPLES, FL 34108

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

ADDITIONS/CHANGES:

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

Title: MGRM ( ) Change (X) Addition
Name: COLAIACOMO, LOUIS
Address: 12036 GRANADA PLACE
City-St-Zip: WEEKI WACHEE, FL 34614 US

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: LOUIS COLAIACOMO MGRM 06/25/2009

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