

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000040262

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** AFFILIATED RESTORATION AND CONTRACTING OF FLORIDA, LLC

**Current Principal Place of Business:**

12913 SANDBURST LANE  
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

8459 US 42  
SUITE F  
FLORENCE, KY 41042

**New Mailing Address:**

8459 US 42-F  
#112  
FLORENCE, KY 41042

**FEI Number:** 27-0274033

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MAYOR, MICHAEL E MEMBER  
12913 SANDBURST LANE  
HUDSON, FL 34667 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:** MGR  
**Name:** MAYOR, MICHAEL  
**Address:** 12913 SANDBURST LANE  
**City-St-Zip:** HUDSON, FL 34667

**Title:** S  
**Name:** MAYOR, MICHAEL  
**Address:** 12913 SANDBURST LANE  
**City-St-Zip:** HUDSON, FL 34667

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 E. MAYOR

CEO

01/04/2012

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