

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000068307

**FILED  
Apr 29, 2010  
Secretary of State**

**Entity Name:** ASSET RESTORATION SERVICES, LLC

**Current Principal Place of Business:**

2719 12TH STREET SW  
LEHIGH ACRES, FL 33976 US

**New Principal Place of Business:**

**Current Mailing Address:**

2719 12TH STREET SW  
LEHIGH ACRES, FL 33976 US

**New Mailing Address:**

P.O. BOX 1958  
LEHIGH ACRES, FL 33970 US

FEI Number: 27-0635936

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHNEELOCH, LINDA  
2719 12TH STREET SW  
LEHIGH ACRES, FL 33976 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: SCHNEELOCH, LINDA F  
Address: 2719 12TH ST. SW  
City-St-Zip: LEHIGH ACRES, FL 33976

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: LINDA SCHNEELOCH

PRES

04/29/2010

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