

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000068307

**FILED**  
**Apr 30, 2012**  
**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:**

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

**New Mailing Address:**

**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

04/30/2012

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