

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000088044

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** S & S HOME RESTORATION SERVICES, LLC

**Current Principal Place of Business:**

650 TOXAWAY DR  
WEST PALM BEACH, FL 33413

**New Principal Place of Business:**

**Current Mailing Address:**

650 TOXAWAY DR  
WEST PALM BEACH, FL 33413

**New Mailing Address:**

**FEI Number:** 27-0989049

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILKINSON, EDWARD F  
650 TOXAWAY DR  
WEST PALM BEACH, FL, FL 33413 US

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

WILKINSON, EDWARD F  
650 TOXAWAY DR  
WEST PALM BEACH,, FL 33413 US

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:

04/20/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WILKINSON, EDWARD F  
Address: 650 TOXAWAY DR  
City-St-Zip: WEST PALM BEACH, FL 33413

Title: MGR  
Name: WILKINSON, NORMA T  
Address: 650 TOXAWAY DR  
City-St-Zip: WEST PALM BEACH, FL 33413

Title: MGRM  
Name: WILKINSON, STERLING S  
Address: 650 TOXAWAY DR  
City-St-Zip: WEST PALM BEACH, FL 33413

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: NORMA WILKINSON

MGR

04/20/2010

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