

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000110350

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** ALL PRO RESTORATION OF SOUTH FLORIDA LLC

**Current Principal Place of Business:**

39 SW 19 CT  
CAPE CORAL, FL 33991

**New Principal Place of Business:**

39 SW 19 CT  
CAPE CORAL, FL 33991 UN

**Current Mailing Address:**

39 SW 19 CT  
CAPE CORAL, FL 33991

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

HAEGELE, MATTHEW G MR  
39 SW 19 CT  
CAPE CORAL, FL FL 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: P  
Name: HAEGELE, MATTHEW G  
Address: 39 SW 19 CT  
City-St-Zip: CAPE CORAL, FL 33991

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: MATT HAEGELE

P

04/11/2012

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