

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000012852

Entity Name: RENOVATION M.D.S L.L.C.

**FILED**  
**Aug 28, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

815 INDIANOLA DRIVE  
MERRITT ISLAND, FL 32953

**New Principal Place of Business:**

1175 N COURTENAY PKWY  
#3  
MERRITT ISLAND, FL 32953

**Current Mailing Address:**

815 INDIANOLA DRIVE  
MERRITT ISLAND, FL 32953

**New Mailing Address:**

FEI Number: 27-1811767      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

MAJORS, ROLAND E  
815 INDIANOLA DRIVE  
MERRITT ISLAND, FL 32953      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: MGRM  
Name: MAJORS, ROLAND E  
Address: 815 INDIANOLA DRIVE  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: MGRM  
Name: MAJORS, BRANDY K  
Address: 815 INDIANOLA DRIVE  
City-St-Zip: MERRITT ISLAND, FL 32953

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: ROLAND MAJORS

MGRM

08/28/2012

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