

# Annual Report

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

13 FEB 27 PM 4:17

TALLAHASSEE, FLORIDA

DOCUMENT # L10000114897

1. Limited Liability Company's Name

Extreme Emergency Fire + Water Restoration, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

13859 SW 156 Ave.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL.

City & State

Zip

Country

33196

U.S.A.

Zip

Country

4. State/Country of Formation

FL / U.S.A.

5. Date Organized or Qualified  
To Do Business in Florida

1-31-13

6. FEI Number

275557070

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Andres Gomez

Street Address (P.O. Box Number is Not Acceptable)

13859 SW 156 Ave

Suite, Apt. #, Etc

REDAKED

City

Miami

State

FL

Zip Code

33196

E-mail Address:

miamigomez@aol.com

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

*Andres Gomez*

Date 2-20-13

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
mgr	Manager Andres Gomez	13859 SW 156 Ave	Miami, FL 33196

900245214465  
03/01/13--01003--020 \*\*135.75

B. BOSTICK

FEB 28 2013

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing

Member/Manager

*Andres Gomez*

Date

2-20-13

Daytime Phone #

305-763-9004

Typed or printed name of signing Managing Member/Manager

Andres Gomez