

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000062306

**FILED**  
**Feb 01, 2012**  
**Secretary of State**

**Entity Name:** RESTORATION 1 OF SOUTH FLORIDA ,LLC

**Current Principal Place of Business:**

1835 NE MIAMI GARDENS DR  
# 537  
NORTH MIAMI BEACH, FL 33179

**New Principal Place of Business:**

1835 NE MIAMI GARDENS DR  
# 537  
NORTH MIAMI BEACH, FL 33179 UN

**Current Mailing Address:**

1835 NE MIAMI GARDENS DR  
# 537  
NORTH MIAMI BEACH, FL 33179

**New Mailing Address:**

**FEI Number:** 36-4701916      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

NEWMAN, ABRAHAM  
1835 NE MIAMI GARDENS DR  
# 537  
NORTH MIAMI BEACH, FL 33179 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:** CEO  
**Name:** NEWMAN, ABRAHAM  
**Address:** 835 NE 174 ST  
**City-St-Zip:** N MIAMI BEACH, FL 33162

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: ABRAHAM NEWMAN      CEO      02/01/2012

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