

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000098164

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Entity Name:** RESTORATION NETWORK, LLC

**Current Principal Place of Business:**

8550 DONALD RD.  
SNEADS, FL 32460

**New Principal Place of Business:**

**Current Mailing Address:**

103 FEDERAL DR.  
SNEADS, FL 32460

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JAMES, ELOUISE M  
103 FEDERAL DRIVE  
SNEADS, FL 32460 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: MGR  
Name: JAMES, ELOUISE M  
Address: 103 FEDERAL DRIVE  
City-St-Zip: SNEADS, FL 32460

Title: MGRM  
Name: MARLOW, TONY D  
Address: 3058 CURRYWOODS DR.  
City-St-Zip: ORLANDO, FL 32822

Title: MGRM  
Name: MARLOW, CHER T  
Address: 8028 YELLOW MOON DR  
City-St-Zip: TALLAHASSEE, FL 32460

Title: MGRM  
Name: PENDER, JACKIE  
Address: 4254 CENTURY RD.  
City-St-Zip: GREENWOOD, FL 32443

Title: MGRM  
Name: DAWSON, CHRISTINE  
Address: 122 WOOD DRIVE  
City-St-Zip: DOTHAN, AL 36301

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:** ELOUISE JAMES

MGR

04/18/2012

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