

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000019449

**Entity Name:** 1ST QUALITY RESTORATION, LLC

**FILED**  
**Oct 21, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

1772 SE FALLON DRIVE  
PORT ST. LUCIE, FL 34983 US

**New Principal Place of Business:**

**Current Mailing Address:**

1772 SE FALLON DRIVE  
PORT ST. LUCIE, FL 34983 US

**New Mailing Address:**

**FEI Number:** 45-4516085

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAK COURT  
SUITE A  
TAMPA, FL 33612 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:** HOWARD SCHWEITZER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SCHWEITZER, HOWARD  
**Address:** 1772 SE FALLON DRIVE  
**City-St-Zip:** PORT ST. LUCIE, FL 34983 US

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:** HOWARD SCHWEITZER

MGRM

10/21/2013

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