

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000010104

**FILED**  
**Nov 04, 2014**  
**Secretary of State**

**Entity Name:** TURNKEY RESTORATION LLC

**Current Principal Place of Business:**

5159 PLYMOUTH  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

1069 NIGHTINGALE RD  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

13820 OLD ST AUGUSTINE RD  
SUITE 113  
JACKSONVILLE, FL 32258

**New Mailing Address:**

1069 NIGHTINGALE RD  
JACKSONVILLE, FL 32216

**FEI Number:** 46-1863213

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VILLARS, LUIS  
5159 PLYMOUTH  
JACKSONVILLE, FL 32205 US

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

SANDOVAL, ALEJANDRA  
1069 NIGHTINGALE RD  
JACKSONVILLE, FL 32216 US

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: ALEJANDRA SANDOVAL

11/04/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: VILLARS, LUIS  
Address: 1069 NIGHTINGALE RD  
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGR  
Name: SANDOVAL-TELLER, ALEJANDRA  
Address: 1069 NIGHTINGALE RD  
City-St-Zip: JACKSONVILLE, FL 32216

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: ALEJANDRA SANDOVAL

MGR

11/04/2014

Electronic Signature of Authorized Person

Date