2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M04000004021

1. Entity Name

RESTORATION SERVICES, LLC



FILED Feb 19, 2005 08:00 AM Secretary of State

Principal Place of Business 27W351 DEVON AVENUE HANOVER PARK, IL 60133 Mailing Address

2472 KINGSLAKE BLVD. NAPLES, FL 34112



02142005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 36-4399227 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARINO, KEITH 2472 KINGSLAKE BLVD NAPLES, FL 34112

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8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNA			
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE. Registered Agent signature required when reinstating)	DATE
9.	Filing Fee is \$50.00 Due by May 1, 2005	· · · · · · · · · · · · · · · · · · ·	
TITLE	MGR	······································	

	
TITLE	MGR
NAME	MARINO, KEITH
STREET ADDRESS	2472 KINGSLAKE BLVD
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	MGR
NAME	MARINO, SUSAN
STREET ADDRESS	27W351 DEVON AVENUE
CITY-ST-ZIP	HANOVER PARK, IL 60133
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the Information indicated on this report is true and accurate and that my 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:

TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/15/05 630-774-2006

Daytime Phone #