

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004021

Entity Name: RESTORATION SERVICES, LLC

FILED  
Jan 17, 2006  
Secretary of State

**Current Principal Place of Business:**

27W351 DEVON AVENUE  
HANOVER PARK, IL 60133

**New Principal Place of Business:**

**Current Mailing Address:**

2472 KINGSLAKE BLVD.  
NAPLES, FL 34112

**New Mailing Address:**

FEI Number: 36-4399227

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MARINO, KEITH  
2472 KINGSLAKE BLVD  
NAPLES, FL 34112 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 ( ) Delete  
Name: MARINO, KEITH  
Address: 2472 KINGSLAKE BLVD  
City-St-Zip: NAPLES, FL 34112

Title: MGR ( ) Delete  
Name: MARINO, SUSAN  
Address: 27W351 DEVON AVENUE  
City-St-Zip: HANOVER PARK, IL 60133

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: KEITH MARINO

MGR

01/17/2006

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