

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 05, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000004955

1. Entity Name
RESTORE MANAGEMENT COMPANY, LLC



Principal Place of Business
**245 CAHABA VALLEY PARKWAY, SUITE 200
PELHAM, AL 35124**

Mailing Address
**245 CAHABA VALLEY PARKWAY, SUITE 200
PELHAM, AL 35124**

DO NOT WRITE IN THIS SPACE



07192005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
06-1727612

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CAPITOL CORPORATE SERVICES, INC.
1333 NORTH DUVAL STREET
TALLAHASSEE, FL 32303**

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IN THIS SPACE**

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

0000003 25853

08/05/05-B0004-006 \$0.00

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DELGADO, DEBRA O
245 CAHABA VALLEY PARKWAY, SUITE 200
PELHAM, AL 35124**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
NEAL, WILLIAM H
245 CAHABA VALLEY PARKWAY, SUITE 200
PELHAM, AL 35124**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
KANTARZE, KHRYSS
245 CAHABA VALLEY PARKWAY, SUITE 200
PELHAM, AL 35124**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
HEMM, MARGARET
245 CAHABA VALLEY PARKWAY, SUITE 200
PELHAM, AL 35124**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida 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: _____

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

Date

Daytime Phone #