

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000099279

Entity Name: ELO RESTORATION, INC.**Current Principal Place of Business:**3415 KORI ROAD
JACKSONVILLE, FL 32257**Current Mailing Address:**3415 KORI ROAD
JACKSONVILLE, FL 32257 US**FEI Number:** 46-4298926**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GUNNCHAMBERLAIN CPA FIRM, PL
4350 PABLO PROFESSIONAL CT
JACKSONVILLE, FL 32224 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:** ISAAC BROHINSKY

02/04/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	WILLIAMS, DEREK
Address	3415 KORI ROAD
City-State-Zip:	JACKSONVILLE FL 32257

Title	S
Name	WILLIAMS, PAMELA
Address	3415 KORI ROAD
City-State-Zip:	JACKSONVILLE FL 32257

Title	COO
Name	GRENGS, ERIC
Address	3415 KORI ROAD
City-State-Zip:	JACKSONVILLE FL 32257

Title	GENERAL COUNSEL
Name	DAWES, JOSH
Address	3415 KORI ROAD
City-State-Zip:	JACKSONVILLE FL 32257

Title	CONTROLLER
Name	SARA, JACKS
Address	3415 KORI ROAD
City-State-Zip:	JACKSONVILLE FL 32257

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAMELA WILLIAMS**SECRETARY**

02/04/2021

Electronic Signature of Signing Officer/Director Detail

Date