

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023730

Entity Name: ATI RESTORATION ORLANDO, LLC**Current Principal Place of Business:**4500 36TH ST.
ORLANDO, FL 32811**Current Mailing Address:**4500 36TH ST.
ORLANDO, FL 32811 US**FEI Number:** 20-0059049**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SYSTEM, C T CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:** C T CORPORATION SYSTEM

03/13/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	SOLE MEMBER	Title	FOUNDER AND CHAIRMAN OF THE BOARD
Name	ATI RESTORATION, LLC	Name	MOORE, GARY
Address	4500 36TH ST.	Address	4500 36TH ST.
City-State-Zip:	ORLANDO FL 32811	City-State-Zip:	ORLANDO FL 32811
Title	EVP OF OPERATIONS AND ENVIRONMENTAL HEALTH SERVICES	Title	PRESIDENT
Name	MOORE, SCOTT	Name	MOORE, JEFF
Address	4500 36TH ST.	Address	4500 36TH ST.
City-State-Zip:	ORLANDO FL 32811	City-State-Zip:	ORLANDO FL 32811
Title	PRESIDENT	Title	CEO
Name	MOORE, RYAN	Name	CARPENTER, DAVID
Address	4500 36TH ST.	Address	4500 36TH ST.
City-State-Zip:	ORLANDO FL 32811	City-State-Zip:	ORLANDO FL 32811
Title	CHIEF MARKETING OFFICER		
Name	SCHWEIGHOFER, KENNETH		
Address	4500 36TH ST.		
City-State-Zip:	ORLANDO FL 32811		

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JEFF MOORE

PRESIDENT

03/13/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date