

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000064246

**Entity Name:** DR. RESTORATION, LLC.

**Current Principal Place of Business:**

5703 US 31 SOUTH  
STE. A  
INDIANAPOLIS, IN 46227

**Current Mailing Address:**

5703 US 31 SOUTH  
STE. A  
INDIANAPOLIS, IN 46227

**FEI Number:** 41-2301617

**Certificate of Status Desired:** No

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

BUSINESS FILINGS INCORPORATED  
505 E PARK AVE  
TALLAHASSEE, FL 32301 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name JULIE, RILEY A  
Address 6528 TRAVIS ROAD  
City-State-Zip: GREENWOOD IN 46143

*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:** JULIE A RILEY

**MANAGING MEMBER**

**01/08/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date