

2014 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: Yes

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

MEMBER

01/21/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date