

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000000223

**Entity Name:** REF RESTORATIONS, LLC

**Current Principal Place of Business:**

11302 SW 92ND STREET  
GRAHAM, FL 32042

**Current Mailing Address:**

PO BOX 243  
GRAHAM, FL 32042-0243 US

**FEI Number:** 20-2085407

**Certificate of Status Desired:** No

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

FOGARTY, RICHARD E  
11302 SW 92ND STREET  
GRAHAM, FL 32042 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 FOGARTY, RICHARD E  
Address 11302 SW 92ND STREET  
City-State-Zip: GRAHAM FL 32042

*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:** RICHARD E FOGARTY

MGRM

04/29/2014

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

\_\_\_\_\_  
Date