2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000071343

Entity Name: ST. MICHAEL RESTORATION L.L.C.

Current Principal Place of Business:

5588 EAST BAY BLVD. GULF BREEZE, FL 32563

Current Mailing Address:

5588 EAST BAY BLVD. GULF BREEZE, FL 32563

FEI Number: 26-0633633

Name and Address of Current Registered Agent:

WOLL, ANN 5588 EAST BAY BLVD. GULF BREEZE, FL 32563 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

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	WOLL, ANN	Name	WOLL, HERBERT
Address	5588 EAST BAY BLVD.	Address	5588 EAST BAY BLVD.
City-State-Zip:	GULF BREEZE FL 32563	City-State-Zip:	GULF BREEZE FL 32563
Title	MGRM		
Name	REYNOLDS, ALLISON		
Address	3030 MAGNOLIA		
City-State-Zip:	PENSACOLA FL 32503		
	Title Name Address City-State-Zip: Title Name Address City-State-Zip:	NameWOLL, ANNAddress5588 EAST BAY BLVD.City-State-Zip:GULF BREEZE FL 32563TitleMGRMNameREYNOLDS, ALLISONAddress3030 MAGNOLIA	NameWOLL, ANNNameAddress5588 EAST BAY BLVD.AddressCity-State-Zip:GULF BREEZE FL 32563City-State-Zip:TitleMGRMKeynolds, AllisonNameREYNOLDS, AllisonS030 MAGNOLIA

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANN E. WOLL

MANAGING PARTNER

02/07/2013

Date

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Feb 07, 2013 Secretary of State CC0883000609

Certificate of Status Desired: No