

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000105753

**Entity Name:** REFLECTION RESTORATION-BROWARD LLC

**Current Principal Place of Business:**

2224 SW MANELE PLACE  
PALM CITY, FL 34990

**Current Mailing Address:**

2224 SW MANELE PLACE  
PALM CITY, FL 34990

**FEI Number:** 26-4058899

**Certificate of Status Desired:** No

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

ALLEN, MARTHA  
2301 SE SHELTER DRIVE  
PORT SAINT LUCIE, FL 34952 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 MGR  
Name REFLECTION RESTORATION LLC  
Address 2224 SW MANELE PLACE  
City-State-Zip: PALM CITY FL 34990

*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:** ARTHUR LOTERSTEIN

**MANAGER**

**01/30/2018**

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

\_\_\_\_\_  
Date