

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000083933

**FILED**  
**Apr 28, 2019**  
**Secretary of State**  
**8429870243CC**

**Entity Name:** ELITE RESTORATION & CONSTRUCTION, LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

7185 W VILLAGE DR  
HOMOSASSA, FL 34446

**Current Mailing Address:**

P.O. BOX 505  
HOMOSASSA SPRINGS, FL 34447

**FEI Number: 37-1588633**

**Certificate of Status Desired: No**

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

JOHNSON, BRIAN  
7185 W VILLAGE DR  
HOMOSASSA, FL 34446 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	Title	AMBR
Name	JOHNSON, BRIAN	Name	JOHNSON, BRIAN
Address	28201 CHURCH RD	Address	28201 CHURCH RD
City-State-Zip:	BROOKSVILLE FL 34602	City-State-Zip:	BROOKSVILLE FL 34602

*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: BRIAN JOHNSON

REGISTERED AGENT

04/28/2019

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

\_\_\_\_\_  
Date