

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000035129

**Entity Name:** NEW BEGINNING RESTORATION LLC

**Current Principal Place of Business:**

8724 FISHLAKE RD  
TAMPA, FL 33619

**Current Mailing Address:**

P.O BOX 600  
BRANDON, FL 33509

**FEI Number:** 45-5410698

**Certificate of Status Desired:** No

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

TORRES, ANTONIO  
8724 FISHLAKE RD  
TAMPA, FL 33619 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	MGR
Name	TORRES, ANTONIO --	Name	GARCIA, JOSE D
Address	8724 FISHLAKE RD	Address	11309 MCMULLEN RD
City-State-Zip:	TANPA FL 33619	City-State-Zip:	RIVERVIEW FL 33569

*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:** ANTONIO TORRES

**OWNER**

**03/23/2013**

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

\_\_\_\_\_  
Date