## that my name appears above, or on an attachment with all other like empowered. 02/03/2016

SIGNATURE: JOHN MAUK OWNER

Electronic Signature of Signing Authorized Person(s) Detail

Electronic Signature of Registered Agent OWNER

- Title Name MAUK, JOHN R

- 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.

Name and Address of Current Registered Agent:
MAUK, JOHN ROBERT
16803 ASHWOOD DR
TAMPA, FL 33624 US

SIGNATURE: JOHN MAUK

### Authorized Person(s) Detail :

Address 16803 ASHWOOD DR City-State-Zip: TAMPA FL 33624

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

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L13000070025

#### **Entity Name: RESCOM CONSTRUCTION & RESTORATION LLC**

### **Current Principal Place of Business:**

16803 ASHWOOD DR TAMPA, FL 33624

### **Current Mailing Address:**

16803 ASHWOOD DR TAMPA, FL 33624 US

## FEI Number: 46-2773600

# Certificate of Status Desired: No

02/03/2016 Date

#### FILED Feb 03, 2016 Secretary of State CC5000817172