

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000179174

**Entity Name:** SUPER RESTORATION SERVICE CO., LLC

**Current Principal Place of Business:**

1701 NW 87TH AVENUE  
SUITE 200  
DORAL, FL 33172

**Current Mailing Address:**

1701 NW 87TH AVENUE  
SUITE 200  
DORAL, FL 33172 US

**FEI Number:** 59-2792698

**Certificate of Status Desired:** No

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

THOMAS O. WELLS, P.A.  
540 BILTMORE WAY  
CORAL GABLES, FL 33134 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	MGRP	Title	MGRVP
Name	VARGAS, CLARISSA M	Name	VARGAS, RENE J SR.
Address	1701 NW 87TH AVENUE SUITE 200	Address	1701 NW 87TH AVENUE SUITE 200
City-State-Zip:	DORAL FL 33172	City-State-Zip:	DORAL FL 33172
Title	MGRS	Title	MGRT
Name	VARGAS, RENE J JR.	Name	VARGAS, DANIEL A
Address	1701 NW 87TH AVENUE SUITE 200	Address	1701 NW 87TH AVENUE SUITE 200
City-State-Zip:	DORAL FL 33172	City-State-Zip:	DORAL FL 33172

*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:** RENE VARGAS

VP

02/02/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date