

**2022 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:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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, CEO  
Name VARGAS, RENE J JR.  
Address 1701 NW 87TH AVENUE  
SUITE 200  
City-State-Zip: DORAL FL 33172

Title MGR, COO  
Name VARGAS, DANIEL A  
Address 1701 NW 87TH AVENUE  
SUITE 200  
City-State-Zip: DORAL FL 33172

Title MGR, SECRETARY, CHIEF LEGAL  
OFFICER  
Name KRISTOFKO, MATTHEW  
Address 6200 S SYRACUSE WAY, SUITE 230  
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title MGR, TREASURER  
Name FADEYI, ABI  
Address 6200 S SYRACUSE WAY, SUITE 230  
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title MGR, CHIEF ADMINISTRATIVE  
OFFICER  
Name GARVER, TONY  
Address 6200 SOUTH SYRACUSE WAY, SUITE  
230  
City-State-Zip: GREENWOOD VILLAGE CO 80111

Title EXECUTIVE CHAIRMAN  
Name JOHNSON, JEFFREY  
Address 6200 SOUTH SYRACUSE WAY, SUITE  
230  
City-State-Zip: GREENWOOD VILLAGE CO 80111

*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: MATTHEW KRISTOFKO****MANAGER****04/25/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date