

2020 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	MGRS, CEO	Title	MGR, COO
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
Title	MGR, ASST. SECRETARY	Title	MGR
Name	COOKE, DOUGLAS G.	Name	NGUYEN, ALEX
Address	1255 BAY STREET, SUITE 600	Address	1255 BAY STREET, SUITE 600
City-State-Zip:	TORONTO ON M5R2A9	City-State-Zip:	TORONTO ON M5R2A9
Title	MGR, TREASURER	Title	SECRETARY
Name	RAKUSIN, JEREMY	Name	KRISTOFKO, MATTHEW
Address	1255 BAY STREET, SUITE 600	Address	5675 DTC BLVD, SUITE 275
City-State-Zip:	TORONTO ON M5R2A9	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: DOUGLAS G. COOKE**MANAGER****04/22/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date