

**2018 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
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, SEC, TREASURER
Name	ROY, KEVIN
Address	1140 BAY STREET, SUITE 4000
City-State-Zip:	TORONTO ON M5S 2B4

Title	MGR
Name	COKKE, DOUGLAS G
Address	1140 BAY STREET, SUITE 4000
City-State-Zip:	TORONTO ON M5S2B4

Title	MGR
Name	CHASE, CHARLES E
Address	150 GREEN TREE RD., SUITE 1003 PO BOX 836
City-State-Zip:	OAKS PA 19456

*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: KEVIN ROY****SECRETARY****04/19/2018**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date