

2023 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****04/26/2023**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date