

**2025 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, SECRETARY, CHIEF LEGAL OFFICER
Name	KRISTOFKO, MATTHEW
Address	6200 SOUTH 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	MGR, COO
Name	VARGAS, DANIEL A.
Address	1701 NW 87TH AVENUE SUITE 200
City-State-Zip:	DORAL FL 33172
Title	MGR, TREASURER
Name	FADEYI, ABI
Address	1701 NW 87TH AVENUE SUITE 200
City-State-Zip:	DORAL FL 33172
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****04/15/2025**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date