

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000201738

**Entity Name:** ACCIDENT CLEANERS & RESTORATION, LLC

**Current Principal Place of Business:**

3791 NE 180TH AVE  
WILLISTON, FL 32696

**Current Mailing Address:**

PO BOX 945  
WILISTON, FL 32696 US

**FEI Number:** 20-1405106

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CRAWFORD, JOHN R  
1200 RIVERPLACE BLVD #800  
JACKSONVILLE, FL 32207 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	Title	MGR
Name	PINKSTON, DANIEL R	Name	PINKSTON, CRYSTAL
Address	3791 NE 180TH AVE	Address	3791 NE 180TH AVE
City-State-Zip:	WILLISTON FL 32696	City-State-Zip:	WILLISTON FL 32696

*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:** CRYSTAL PINKSTON

MGR

03/31/2017

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date