

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000048742

**Entity Name:** RENUIT RESTORATION LLC

**Current Principal Place of Business:**

4695 TOWER RD  
LAND O LAKES , FL 34638

**Current Mailing Address:**

4695 TOWER RD  
LAND O LAKES , FL 34638 US

**FEI Number:** 83-3634684

**Certificate of Status Desired:** No

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

MCCARTHY, MICHAEL S  
4695 TOWER RD  
LAND O LAKES , FL 34638 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            | MCCARTHY, LISANICOLE  | Name            | MCCARTHY, MICHAEL STEFAN |
| Address         | 4695 TOWER RD         | Address         | 4695 TOWER RD            |
| City-State-Zip: | LAND O LAKES FL 34638 | City-State-Zip: | LAND O LAKES FL 34638    |

*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:** MICHAEL MCCARTHY

MGR

06/30/2020

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

\_\_\_\_\_  
Date