## **2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000209489

Entity Name: A1 RESTORATION LLC

**Current Principal Place of Business:** 

879 SW SOUTH MACEDO BLVD PORT ST. LUCIE, FL 34983

**Current Mailing Address:** 

404 SW TALQUIN LN

PORT ST. LUCIE. FL 34986 US

FEI Number: 84-2831761 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RALLI, PETER 404 SW TALQUIN LN PORT ST. LUCIE, FL 34986 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

FILED Jan 23, 2023

**Secretary of State** 

0188230164CC

## Authorized Person(s) Detail:

Title AMBR

Name RALLI, PETER

Address 404 SW TALQUIN LN

City-State-Zip: PORT ST. LUCIE FL 34986

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: PETER J RALLI MANAGI

Electronic Signature of Signing Authorized Person(s) Detail

MANAGING MEMBER

01/23/2023 Date