

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000203564

**Entity Name:** HAMILTON RESTORATION, LLC

**Current Principal Place of Business:**

7965 STATE ROAD 50 STE 1000 #300  
GROVELAND, FL 34736

**Current Mailing Address:**

7965 STATE ROAD 50 STE 1000 #300  
GROVELAND, FL 34736 US

**FEI Number:** 85-2098941

**Certificate of Status Desired:** No

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

EDDIE FERNANDEZ, PA  
135 W CENTRAL BLVD STE 300  
ORLANDO, FL 32801 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            AUTHORIZED MEMBER  
Name            CHASTANG, WINSTON H  
Address        7965 STATE ROAD 50 STE 1000 300  
City-State-Zip: GROVELAND FL 34736

*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:** WINSTON H CHASTANG

AUTHORIZED MEMBER

02/05/2021

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

\_\_\_\_\_ Date