

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000474999

**Entity Name:** RESTORATION LLC**Current Principal Place of Business:**8615 COMMODITY CIRCLE  
SUITE 11  
ORLANDO, FL 32819**Current Mailing Address:**8615 COMMODITY CIRCLE  
SUITE 11  
ORLANDO, FL 32819 US**FEI Number:** 37-2021706**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EXPAT CONSULTING CORP  
7450 DR PHILLIPS BLVD, STE 303  
ORLANDO, FL 32819 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:** NILTON FREGNI

04/10/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name LEONARDI DE QUEIROZ, PIERO  
Address 4775 CREEKSIDE PARK AVE  
City-State-Zip: ORLANDO FL 32811

Title AMBR  
Name FERREIRA MACHADO, DANILO  
Address 8615 COMMODITY CIRCLE  
SUITE 11  
City-State-Zip: ORLANDO FL 32819

Title AMBR  
Name DE VASCONCELOS FRAGOSO,  
DIOGO  
Address 8615 COMMODITY CIRCLE  
SUITE 11  
City-State-Zip: ORLANDO FL 32819

*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:** LEONARDI DE QUEIROZ, PIERO

AMBR

04/10/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date