

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000005628

**Entity Name:** PROFESSIONAL RESTORERS LLC

**Current Principal Place of Business:**

9802 NW 80TH AVE BUILDING G  
UNIT # 53  
HIALEAH GARDENS, FL 33016

**Current Mailing Address:**

9802 NW 80TH AVE BUILDING G  
UNIT # 53  
HIALEAH GARDENS, FL 33016 US

**FEI Number:** 92-1621861

**Certificate of Status Desired:** No

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

INCOMEFIX GROUP LLC  
15246 SW 111TH ST  
MIAMI, FL 33196 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:** KARELYS VILLASMIL

05/01/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name VIDAL, JOSE S  
Address 11787 SW 90TH TER  
City-State-Zip: MIAMI FL 33186  
  
Title AUTHORIZED MEMBER  
Name BARRIOS, JAVIER GERARDO  
Address 90 EDGEWATER DR  
805  
City-State-Zip: CORAL GABLES FL 33133

Title MGR  
Name BARDINA, LIGIA M  
Address 11787 SW 90TH TER  
City-State-Zip: MIAMI FL 33186  
  
Title AUTHORIZED MEMBER  
Name BARRIOS, BERNARDO ANDRES  
Address 90 EDGEWATER DR  
805  
City-State-Zip: CORAL GABLES FL 33133

*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:** JOSE S VIDAL

MGR

05/01/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date