

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000011191

Entity Name: RESTORATION 1 LLC**Current Principal Place of Business:**211 KNICKERBOCKER AVENUE
SUITE 4
BOHEMIA, NY 11716**Current Mailing Address:**211 KNICKERBOCKER AVENUE
SUITE 4
BOHEMIA, NY 11716 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEONI, ROBERT ANTHONY
4519 SE 16TH PLACE, UNIT 109
CAPE CORAL, FL 33904 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:** ROBERT ANTHONY LEONI

04/28/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :Title MGR
Name ACETO, ANTHONY
Address 37 RIDGEFIELD DRIVE
City-State-Zip: SHOREHAM NY 11786Title MEM
Name ACETO, ANTHONY
Address 37 RIDGEFIELD DRIVE
City-State-Zip: SHOREHAM NY 11786Title AP
Name ACETO, ANTHONY
Address 37 RIDGEFIELD DRIVE
City-State-Zip: SHOREHAM NY 11786Title MGR
Name LEONI, ROBERT ANTHONY
Address 211 KNICKERBOCKER AVENUE
SUITE 4
City-State-Zip: BOHEMIA NY 11716Title MEM
Name LEONI, ROBERT ANTHONY
Address 211 KNICKERBOCKER AVENUE
SUITE 4
City-State-Zip: BOHEMIA NY 11716Title AP
Name LEONI, ROBERT ANTHONY
Address 211 KNICKERBOCKER AVENUE
SUITE 4
City-State-Zip: BOHEMIA NY 11716

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: ROBERT ANTHONY LEONI

MGR

04/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date