

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000011191

Entity Name: RESTORATION 1 LLC**Current Principal Place of Business:**3505 VETERANS MEMORIAL HIGHWAY
SUITE E
RONKONKOMA, NY 11779**Current Mailing Address:**3505 VETERANS MEMORIAL HIGHWAY
SUITE E
RONKONKOMA, NY 11779 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROBERT A. LEE, JR.
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:**_____
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 LEE, ROBERT A JR.
Address 3505 VETERANS MEMORIAL
HIGHWAY, STE D
City-State-Zip: RONKONKOMA NY 11779Title MEM
Name LEE, ROBERT A JR.
Address 3505 VETERANS MEMORIAL
HIGHWAY, STE D
City-State-Zip: RONKONKOMA NY 11779Title AP
Name LEE, ROBERT A JR.
Address 3505 VETERANS MEMORIAL
HIGHWAY, STE D
City-State-Zip: RONKONKOMA NY 11779

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 A LEE JR

MM

06/24/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date