



LIMITED LIABILITY COMPANY ANNUAL REPORT

NAME OF LIMITED LIABILITY COMPANY: Restoration Systems, LLC

SECRETARY OF STATE ID NUMBER: 0459692 STATE OF FORMATION: NC

REPORT FOR THE YEAR: 2013

Filing Office Use Only

Changes

SECTION A: REGISTERED AGENT'S INFORMATION

1. NAME OF REGISTERED AGENT: Larry E. Robbins

2. SIGNATURE OF THE NEW REGISTERED AGENT: _____

SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

3. REGISTERED OFFICE STREET ADDRESS & COUNTY

4101 Lake Boone Trail, Suite 300
Raleigh, NC 27607 Wake

4. REGISTERED OFFICE MAILING ADDRESS

4101 Lake Boone Trail, Suite 300
Raleigh, NC 27607

SECTION B: PRINCIPAL OFFICE INFORMATION

1. DESCRIPTION OF NATURE OF BUSINESS: Mitigation of streams & wetlands

2. PRINCIPAL OFFICE PHONE NUMBER: (919) 755-9490

3. PRINCIPAL OFFICE EMAIL: _____

4. PRINCIPAL OFFICE STREET ADDRESS & COUNTY

1101 Haynes St, Suite 211
Raleigh, NC 27604 Wake

5. PRINCIPAL OFFICE MAILING ADDRESS

1101 Haynes St, Suite 211
Raleigh, NC 27604

SECTION C: MANAGERS/MEMBERS/ORGANIZERS (Enter additional Managers/Members/Organizers in Section E.)

NAME: Steve Carlson

NAME: John Preyer

NAME: John E. Skvarla III Blind Trust

TITLE: Member

TITLE: Managing Member

TITLE: Member

ADDRESS: _____

ADDRESS: 1101 Haynes Street

ADDRESS: _____

12 Charleston Square

Suite 211

Greensboro, NC 27408

Raleigh, NC 27604

SECTION D: CERTIFICATION OF ANNUAL REPORT. Section D must be completed in its entirety by a person/business entity.

John Preyer
SIGNATURE
Form must be signed by a Manager/Member listed under Section C of this form.



4-15-2013
DATE



John Preyer
Print or Type Name of Manager/Member



Managing Member
TITLE







SECTION E: ADDITIONAL MANAGERS/MEMBERS/ORGANIZERS (Hit the + button to add additional Managers/Members/Organizers)



NAME: <u>George Howard</u>	NAME: _____	NAME: _____	
TITLE: <u>Member</u>	TITLE: _____	TITLE: _____	
ADDRESS: <u>1101 Haynes Street</u>	ADDRESS: _____	ADDRESS: _____	
<u>Suite 211</u>	_____	_____	
<u>Raleigh, NC 27604</u>	_____	_____	

NAME: _____	NAME: _____	NAME: _____	
TITLE: _____	TITLE: _____	TITLE: _____	
ADDRESS: _____	ADDRESS: _____	ADDRESS: _____	
_____	_____	_____	
_____	_____	_____	

NAME: _____	NAME: _____	NAME: _____	
TITLE: _____	TITLE: _____	TITLE: _____	
ADDRESS: _____	ADDRESS: _____	ADDRESS: _____	
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NAME: _____	NAME: _____	NAME: _____	
TITLE: _____	TITLE: _____	TITLE: _____	
ADDRESS: _____	ADDRESS: _____	ADDRESS: _____	
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NAME: _____	NAME: _____	NAME: _____	
TITLE: _____	TITLE: _____	TITLE: _____	
ADDRESS: _____	ADDRESS: _____	ADDRESS: _____	
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NAME: _____	NAME: _____	NAME: _____	
TITLE: _____	TITLE: _____	TITLE: _____	
ADDRESS: _____	ADDRESS: _____	ADDRESS: _____	
_____	_____	_____	
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