

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000069984

1. Entity Name  
FLORIDA DISASTER RECOVERY LLC

**FILED**  
**Sep 15, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
1792 BELL TOWER LN  
WESTON, FL 33326Mailing Address  
1792 BELL TOWER LN  
WESTON, FL 33326

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09082008

Chg-LLC

CR2E083 (12/06)

City &amp; State

City &amp; State

4. FEI Number

20-3174575

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$5.00** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$538.75**  
**Due by September 12, 2008**

**Make check payable to**  
**Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME BABICE, RONALD  
STREET ADDRESS 1311 ST. TROPEZ SUITE 1609  
CITY-ST-ZIP WESTON, FL 33326

TITLE MGRM ☐ Delete  
NAME FUZZELL, STEWART III  
STREET ADDRESS 1423 BOCA CHICA RD  
CITY-ST-ZIP GEIGER KEY, FL 33040

TITLE MGRM ☐ Delete  
NAME FUZZELL, HUNTER  
STREET ADDRESS 7190 WYNNCLIFF DR  
CITY-ST-ZIP MOBILE, AL 36695

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME 000000959678  
STREET ADDRESS 09/15/08-80002-012 538.75  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

9/9/08 251-342-4950