

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000060897

FILED
Jan 26, 2008
Secretary of State

Entity Name: SEVERE INCIDENT RECOVERY TEAM, LLC

Current Principal Place of Business:

2385 SW 66 TERRACE
DAVIE, FL 33317

New Principal Place of Business:

Current Mailing Address:

2385 SW 66 TERRACE
DAVIE, FL 33317

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MICELI, LAWRENCE G ESQ.
737 EAST ATLANTIC BLVD.
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGMR () Delete
Name: A SUPERIOR TOWING, I, NC.
Address: 2385 SW 66 TERRACE
City-St-Zip: DAVIE, FL 33317

Title: MGMR () Delete
Name: EMERALD TOWING, INC.,
Address: 2300 WILES ROAD
City-St-Zip: POMPANO BEACH, FL 33073

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: A SUPERIOR TOWING COMPANY

MGMR

01/26/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date