

L 07000060897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
RECEIVED  
2009 NOV -9 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Office Use Only



300162383933

11/09/09--01032--014 \*\*105.00

09 DEC 18 PM 2:55  
TFSU  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

T. HAMPTON

DEC 21 2009

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Severe Incident Recovery Team, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael B. Manes, Esq.  
Name of Person

Michael B. Manes, P.A.  
Firm/Company

950 So. Pine Island Rd, A-150  
Address

Plantation, FL 33324  
City/State and Zip Code

mmanes@michaelmaneslaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Manes at (954) 523-1844  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

fees Already Paid



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

09 DEC 18 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

November 10, 2009

MICHEAL MANES, ESQ  
950 S PINE ISLAND RD  
A-150  
PLANTATION, FL 33324

SUBJECT: SEVERE INCIDENT RECOVERY TEAM, LLC  
Ref. Number: L07000060897

We have received your document for SEVERE INCIDENT RECOVERY TEAM, LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 109A00035277

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Severe Incident Recovery Team LLC

2. (a) Principal office address of limited liability company: 2385 SW 66 Terrace  
 Davie, FL 33317  
*(Note: MUST BE STREET ADDRESS)*

(b) Mailing address of limited liability company: 2385 SW 66 Terrace  
 Davie, FL 33317  
*(Note: MAY BE POST OFFICE BOX)*

3. Date of filing/registration in Florida: 06/08/2007  
4. Document number: LO7000060897

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Agent: Lawrence G. Miceli, Esq.  
Registered Office Address: 737 E. Atlantic Blvd  
Pompano Beach, FL 33060

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Agent: Michael B. MANES, Esq.  
NEW Registered Office Address: 950 So. Pine Island Rd.  
(MUST BE FLORIDA STREET ADDRESS) Suite A-150  
Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member  
Sean Loscalzo  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.  
[Signature]  
Signature of Registered Agent

RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
DEC 18 PM 2:30

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00