

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000060897

**FILED**  
**Feb 03, 2011**  
**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: 26-0628484

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MANES, MICHAEL B ESQ.  
950 S PINE ISLAND RD D.  
STE A-150  
PLANTATION, FL 33324 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  
Name: A SUPERIOR TOWING, INC.  
Address: 2385 SW 66 TERRACE  
City-St-Zip: DAVIE, FL 33317

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

I hereby 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 INC

MGMR

02/03/2011

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