

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000060897

**FILED**  
**Mar 17, 2016**  
**Secretary of State**  
**CC3746493169**

**Entity Name:** SEVERE INCIDENT RECOVERY TEAM, LLC

**Current Principal Place of Business:**

2385 SW 66 TERRACE  
DAVIE, FL 33317

**Current Mailing Address:**

2385 SW 66 TERRACE  
DAVIE, FL 33317

**FEI Number:** 26-0628484

**Certificate of Status Desired:** No

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

MANES, MICHAEL BESQ.  
950 S PINE ISLAND RD D.  
STE A-150  
PLANTATION, FL 33324 US

*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

**Authorized Person(s) Detail :**

Title	MGMR	Title	MGMR
Name	A SUPERIOR TOWING, INC.	Name	EMERALD TOWING, INC.
Address	2385 SW 66 TERRACE	Address	2300 WILES ROAD
City-State-Zip:	DAVIE FL 33317	City-State-Zip:	POMPANO BEACH FL 33073

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SEAN LOSCALZO

**MANAGER**

**03/17/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date