

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000060897

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SEAN LOSCALZO

MANAGER

01/24/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date