

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

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 US

**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:** MICHAEL MANES

10/09/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGMR  
Name A SUPERIOR TOWING, INC.  
Address 2385 SW 66 TERRACE  
City-State-Zip: DAVIE FL 33317

*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:** MICHAEL WELCH

SECRETARY OF MEMBER 10/09/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date