

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000080934

Entity Name: DISASTER RECOVERY PROS, LLC

Current Principal Place of Business:

2112 SUNNYDALE BLVD.
CLEARWATER, FL 33765

Current Mailing Address:

611 S. FT. HARRISON AVE, #149
CLEARWATER, FL 33756 US

FEI Number: 45-5517893

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC.
7901 4TH STREET NORTH
SUITE 300
ST.PETERSBURG, FL 33702 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	MGR	Title	MGR
Name	WISE, JILL	Name	WISE, SEAN
Address	PO BOX 1066	Address	PO BOX 1066
City-State-Zip:	OLDSMAR FL 34677	City-State-Zip:	OLDSMAR FL 34677

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: JILL WISE

MANAGING MEMBER

04/29/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date