

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000029091

**Entity Name:** PARAMOUNT DISASTER RECOVERY, LLC

**Current Principal Place of Business:**

3300 SW 11 STREET  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

3300 SW 11 STREET  
DEERFIELD BEACH, FL 33442 US

**FEI Number:** 30-0766855

**Certificate of Status Desired:** No

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

BUCHANAN, FRANCIS  
3300 SW 11 STREET  
DEERFIELD BEACH, FL 33442 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	MGRM	Title	VP, AUTHORIZED MEMBER
Name	BUCHANAN, FRANCIS	Name	BUCHANAN, HILARY
Address	3300 SW 11 STREET	Address	2295 E. SILVER PALM ROAD
City-State-Zip:	DEERFIELD BEACH FL 33442	City-State-Zip:	BOCA RATON FL 33432

*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:** FRANCIS BUCHANAN

**MANAGER**

**04/26/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date