

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000135627

**Entity Name:** EMERGENCY MITIGATION SERVICES OF NAPLES, LLC

**Current Principal Place of Business:**

4530 ARNOLD AVE  
NAPLES, FL 34104

**Current Mailing Address:**

2460 N UNIVERSITY DR  
PEMBROKE PINES, FL 33024 US

**FEI Number:** 47-4790541

**Certificate of Status Desired:** Yes

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

DIAZ, ALEJANDRO  
7791 NW 46TH STREET  
SUITE 109  
MIAMI, FL 33166 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  
Name EMERGENCY MITIGATION SERVICES  
HOLDING, LLC  
Address 2460 N UNIVERSITY DR  
City-State-Zip: PEMBROKE PINES FL 33024

Title MGMR  
Name BUSTAMANTE, EVELYN  
Address 4530 ARNOLD AVE  
City-State-Zip: NAPLES FL 34104

Title MGMR  
Name SIFONTES, ARTURO  
Address 2460 N UNIVERSITY DR  
City-State-Zip: PEMBROKE PINES FL 33024

*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:** LEO REYES

MGRM

01/14/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date