

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000102505

**Entity Name:** NATIONAL DISASTER ASSOCIATES, LLC

**Current Principal Place of Business:**

400 CAPITAL CIRCLE SE  
SUITE 18124  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

400 CAPITAL CIRCLE SE  
SUITE 18124  
TALLAHASSEE, FL 32301 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

HAMILTON, J. FREDERICKA  
400 CAPITAL CIRCLE SE  
SUITE 18124  
TALLAHASSEE, FL 32301 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            CEO  
Name            HAMILTON, J. FREDERICKA  
Address        400 CAPITAL CIRCLE SE, SUITE 18124  
  
City-State-Zip: TALLAHASSEE FL 32301

*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:** J. FREDERICKA HAMILTON

CEO

04/17/2023

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date