

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018674

FILED
Jan 14, 2009
Secretary of State

Entity Name: DISASTERS, STRATEGIES AND IDEAS GROUP, LLC

Current Principal Place of Business:

4010 HARPERS FERRY DRIVE
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12333
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 56-2369236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ERDMANN, LINDA
69 STOKLEY ROAD
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: VP () Delete
Name: MYERS, JOSEPH F
Address: 4010 HARPERS FERRY DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: PRES () Delete
Name: ERDMANN, LINDA
Address: 69 STOKLEY ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: LINDA ERDMANN

PRES

01/14/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date