

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000018674

**FILED**  
**Jan 04, 2010**  
**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  
Name: MYERS, JOSEPH F  
Address: 4010 HARPERS FERRY DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

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

I hereby 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

01/04/2010

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