

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2008 8:00 am**  
**Secretary of State**

04-03-2008 90075 015 \*\*\*138.75

**DOCUMENT # L04000060958**

1. Entity Name  
**UNDERWOOD DISASTER RECOVERY, LLC**



Principal Place of Business  
**1032 SOUTH MILDRED AVE  
BROOKSVILLE, FL 34601**

Mailing Address  
**1032 SOUTH MILDRED AVE  
BROOKSVILLE, FL 34601**

**60019517**



**DO NOT WRITE IN THIS SPACE**

03202008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**20-1499117**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**UNDERWOOD, ROBERT K**  
**1032 SOUTH MILDRED AVE** *4131 Daisy Drive*  
**BROOKSVILLE, FL 34601** *Hernando Beach, FL 34607*

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**UNDERWOOD, ROBERT K**  
**1032 SOUTH MILDRED AVE** *4131 Daisy Drive*  
**BROOKSVILLE, FL 34601** *Hernando Beach, FL 34607*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM**  
**UNDERWOOD, PATRICIA**  
**1032 SOUTH MILDRED AVE** *4131 Daisy Drive*  
**BROOKSVILLE, FL 34601** *Hernando Beach, FL 34607*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*3-21-08*

*352-279-1767*