

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000070187

FILED
Aug 27, 2007
Secretary of State

Entity Name: DISASTER RECOVERY MONITORING SERVICES, LLC

Current Principal Place of Business:

12387 KOENIG LANE
PORT CHARLOTTE, FL 33953

New Principal Place of Business:

Current Mailing Address:

12387 KOENIG LANE
PORT CHARLOTTE, FL 33953

New Mailing Address:

FEI Number: 20-1671418 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LARSON, ROGER D
12387 KOENIG LANE
PORT CHARLOTTE, FL 33953 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LARSON, ROGER D MGRM
Address: 12387 KOENIG LANE
City-St-Zip: PORT CHARLOTTE, FL 33953 US

Title: MGR () Delete
Name: LARSON, RENEE M MGR
Address: 12387 KOENIG LANE
City-St-Zip: PORT CHARLOTTE, FL 33953 US

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: ROGER D. LARSON

MGRM

08/27/2007

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