

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000025289

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** ABSOLUTE DISASTER SERVICES, LLC

**Current Principal Place of Business:**

8034 SUNPORT DRIVE  
SUITE 401  
ORLANDO, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

6039 CYPRESS GARDENS BLVD.  
#502  
WINTER HAVEN, FL 33884

**New Mailing Address:**

**FEI Number:** 20-2518695

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HERNANDEZ, GEORGE  
8034 SUNPORT DRIVE  
SUITE 401  
ORLANDO, FL 32809 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: MGR  
Name: HERNANDEZ, GEORGE  
Address: 287 WOODBURY PINES CIRCLE  
City-St-Zip: ORLANDO, FL 32828

Title: MGR  
Name: HERNANDEZ, MARILYN  
Address: 287 WOODBURY PINES CIRCLE  
City-St-Zip: ORLANDO, FL 32828

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: GEORGE HERNANDEZ

MGR

02/16/2011

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