

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Apr 26, 2006 8:00 am
Secretary of State**

04-26-2006 90022 036 ****50.00

DOCUMENT # L05000067487

1. Entity Name
DISASTER RECOVERY SERVICES, LLC



Principal Place of Business

6537 STEEPLECHASE DRIVE
TAMPA, FL 33625

Mailing Address

6537 STEEPLECHASE DRIVE
TAMPA, FL 33625

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MONEYHAN, PATRICIA H
6537 STEEPLECHASE DRIVE
TAMPA, FL 33625

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 bbe if applicable.

(NOTE: Registered Agent signature required when remitting)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME MONEYHAN, PATRICIA H
STREET ADDRESS 6537 STEEPLECHASE DRIVE
CITY-ST-ZIP TAMPA, FL 33625

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

Change

Addition

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.

Patricia H. Moneyhan **Patricia H. MONEYHAN 3/22/06** **926-3090**

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

Date

Daytime Phone #

(813)