

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068202

FILED  
Apr 10, 2008  
Secretary of State

**Entity Name:** NATIONAL DISASTER SOLUTIONS, LLC

**Current Principal Place of Business:**

995 NW 31ST AVE  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

995 NW 31ST AVE  
POMPANO BEACH, FL 33069

**New Mailing Address:**

**FEI Number:** 20-3180732

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COSTA, HELEN C ESQ.  
7330 WEST 20TH AVENUE  
MIAMI LAKES, FL 33016 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: MGRM ( ) Delete  
Name: OVERMAN, BRETT  
Address: 3822 NE 199TH STREET  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM ( ) Delete  
Name: JACOBS, TERRY  
Address: 831 SE 22 AVE, UNIT #20  
City-St-Zip: POMPANO BEACH, FL 33062

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: JACOBS, TERRY  
Address: 114 SCOTTISH AVE.  
City-St-Zip: SIMPSONVILLE, SC 29680

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: BRETT OVERMAN

MGRM

04/10/2008

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