

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000069984

FILED
Apr 17, 2009
Secretary of State

Entity Name: FLORIDA DISASTER RECOVERY LLC

Current Principal Place of Business:

1792 BELL TOWER LN
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

1792 BELL TOWER LN
WESTON, FL 33326

New Mailing Address:

FEI Number: 20-3174575

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: BABICE, RONALD
Address: 1311 ST. TROPEZ SUITE 1609
City-St-Zip: WESTON, FL 33326

Title: MGRM () Delete
Name: FUZZELL, STEWART III
Address: 1423 BOCA CHICA RD
City-St-Zip: GEIGER KEY, FL 33040

Title: MGRM () Delete
Name: FUZZELL, HUNTER
Address: 7190 WYNNCLIFF DR
City-St-Zip: MOBILE, AL 36695

ADDITIONS/CHANGES:

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

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: RON BABICE

MGR

04/17/2009

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