

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000085588

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** MILLENNIUM FIRE & WATER RESTORATIONS SPECIALISTS LLC

**Current Principal Place of Business:**

9378 ARLINGTON EXPRESSWAY 354  
JACKSONVILLE,, FL 32225 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 43453  
JACKSONVILLE, FL 32203 US

**New Mailing Address:**

**FEI Number:** 11-3759373

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CURRY, KENNETH F RA  
11369 TANAGER DRIVE  
JACKSONVILLE, FL 32225 US

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

CURRY, VALERIE D RA  
3212 MONCRIEF ROAD WEST  
JACKSONVILLE, FL 32209 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: VALERIE D CURRY

04/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CURRY, KENNETH F  
Address: P.O. BOX 43453  
City-St-Zip: JACKSONVILLE, FL 32203 US

Title: MGR ( ) Delete  
Name: CURRY, VALERIE MGR  
Address: P.O. BOX 43453  
City-St-Zip: JACKSONVILLE, FL 32203 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: KENNETH CURRY

MEM

04/14/2009

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