

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000085588

**FILED**  
**Jan 12, 2011**  
**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 ( )**

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

CURRY, VALERIE D RA  
3212 MONCRIEF ROAD WEST  
JACKSONVILLE, FL 32209 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  
Name: CURRY, VALERIE  
Address: P.O. BOX 43453  
City-St-Zip: JACKSONVILLE, FL 32203 US

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

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: VALERIE CURRY

MGRM

01/12/2011

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