

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088666

FILED  
May 01, 2012  
Secretary of State

**Entity Name:** FINAL CHOICE DISASTER RECOVERY LLC

**Current Principal Place of Business:**

6325 21ST ST. SW  
VERO BEACH, FL 32968 IR

**New Principal Place of Business:**

**Current Mailing Address:**

6325 21ST ST. SW  
VERO BEACH, FL 32968 IR

**New Mailing Address:**

FEI Number: 20-3455567

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BAILES, PAULA J  
6325 21ST ST SW  
VERO BEACH, FL 32968 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: MGR  
Name: BAILES, PAULA J  
Address: 6325 21ST ST SW  
City-St-Zip: VERO BEACH, FL 32968 IR

Title: MGRM  
Name: BAILES, EMORY J II  
Address: 6325 21ST ST. SW  
City-St-Zip: VERO BEACH, FL 32968 IR

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: PAULA J. BAILES

MGR

05/01/2012

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