

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000097217

FILED
Feb 19, 2008
Secretary of State

Entity Name: DISASTER SOLUTIONS, LLC

Current Principal Place of Business:

375 POSSUM PASS
W PALM BEACH, FL 33413

New Principal Place of Business:

Current Mailing Address:

375 POSSUM PASS
W PALM BEACH, FL 33413

New Mailing Address:

FEI Number: 16-1755720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, CAROL J
375 POSSUM PASS
W PALM BEACH, FL 33413 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 (X) Delete
Name: LEWIS, SCOTT P
Address: 375 POSSUM PASS
City-St-Zip: W PALM BEACH, FL 33413

Title: MGRM () Delete
Name: LEWIS, CAROL J
Address: 375 POSSUM PASS
City-St-Zip: WEST PALM BEACH, FL 33413

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: LEWIS, CAROL J
Address: 375 POSSUM PASS
City-St-Zip: WEST PALM BEACH, FL 33413 US

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: CAROL J. LEWIS

MGRM

02/19/2008

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