

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000013077

**FILED**  
**Feb 03, 2011**  
**Secretary of State**

**Entity Name:** DISASTER MANAGEMENT GROUP, LLC

**Current Principal Place of Business:**

2820 SE MARTIN SQ. CORPORATE PARKWAY  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

2820 SE MARTIN SQ. CORPORATE PARKWAY  
STUART, FL 34994

**New Mailing Address:**

**FEI Number:** 20-4269089

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HENDRY, GARY L  
5804 S.W. MARTIN COMMONS WAY  
PALM CITY, FL 34990 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:** HENDRY, GARY L  
**Address:** 5804 S.W. MARTIN COMMONS WAY  
**City-St-Zip:** PALM CITY, FL 34990

**Title:** MGRM  
**Name:** ALBERS, NATHAN  
**Address:** 3640 SE SILVER CT.  
**City-St-Zip:** STUART, FL 34997 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:** GARY HENDRY

MGRM

02/03/2011

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