

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000046167

FILED  
Jan 08, 2009  
Secretary of State

Entity Name: TEAM DISASTER RELIEF, LLC

**Current Principal Place of Business:**

6150 PORTER RD  
SARASOTA, FL 34240

**New Principal Place of Business:**

**Current Mailing Address:**

6150 PORTER RD  
SARASOTA, FL 34240

**New Mailing Address:**

FEI Number: 65-1279132

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DEWANA, LEONARD M  
6150 PORTER RD  
SARASOTA, FL 34240 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: PRES ( ) Delete  
Name: LEONARD, DEWANA M  
Address: 6150 PORTER RD  
City-St-Zip: SARASOTA, FL 34240

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LEONARD, DEWANA M  
Address: 6150 PORTER RD  
City-St-Zip: SARASOTA, FL 34240

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: DEWANA M. LEONARD

MGRM

01/08/2009

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