

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057455

FILED
Jul 05, 2007
Secretary of State

Entity Name: DISASTER RECOVERY CONSULTANTS, LLC

Current Principal Place of Business:

2982 NEEL RD
GRAND RIDGE, FL 32442 US

New Principal Place of Business:

Current Mailing Address:

2982 NEEL RD
GRAND RIDGE, FL 32442 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
1111 LINCOLN RD.,
SUITE 400
MIAMI BEACH, FL 33139 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 Delete
Name: BELOAT, PETE
Address: 2982 NEEL RD
City-St-Zip: GRAND RIDGE, FL 32442 US

Title: MGR Delete
Name: NORMAN, JOSHUA
Address: 1101 WHEELIS RD
City-St-Zip: WYLIE, TX 75098

ADDITIONS/CHANGES:

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

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

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: JOSHUA NORMAN

MGR

07/05/2007

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