

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057455

FILED
Mar 19, 2009
Secretary of State

Entity Name: DISASTER RECOVERY CONSULTANTS, LLC

Current Principal Place of Business:

8875 HIDDEN RIVER PARKWAY
SUITE 300
TAMPA, FL 33637 US

New Principal Place of Business:

Current Mailing Address:

201 ST. CHARLES AVENUE
SUITE 114-382
NEW ORLEANS, LA 70170 US

New Mailing Address:

FEI Number: 20-5095487 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 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 () Delete
Name: COMPREHENSIVE EMERGE, NCY MANAGEMENT
Address: 664 WOODROW AVENUE
City-St-Zip: BEAUMONT, TX 77705 US

Title: MGRM () Delete
Name: VIRTUS ENTERPRISES L, LC
Address: 140 GLENHILL DRIVE
City-St-Zip: HOUMA, LA 70363

Title: MGRM () Delete
Name: RESILIRE GROUP LLC,
Address: 1101 WHEELIS ROAD
City-St-Zip: WYLIE, TX 75098

Title: MGRM () Delete
Name: S. PERRY LLC,
Address: 7104 NORTHLAKE DRIVE
City-St-Zip: JACKSONVILLE, AR 72076

Title: MGRM () Delete
Name: ALAN WARDLAW ENTERPR, ISES LLC
Address: 926 SOUTH 27TH STREET
City-St-Zip: ARKADDELPHIA, AR 71923

ADDITIONS/CHANGES:

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

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

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

Title: () Change () Addition
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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: NICOLE GIROIR

MS.

03/19/2009

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