


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90075 037 ***138.75

DOCUMENT # L07000020344

1. Entity Name
ENVIRO FIRE & WATER RESTORATION SERVICES, LLC



Principal Place of Business
**545 VIRGINIA AVENUE
PORT ORANGE, FL 32127**

Mailing Address
**545 VIRGINIA AVENUE
PORT ORANGE, FL 32127**

2. Principal Place of Business - No P.O. Box #
**545 VIRGINIA AVENUE
PORT ORANGE, FL 32127**

3. Mailing Address
**545 VIRGINIA AVENUE
PORT ORANGE, FL 32127**

Suite, Apt. #, etc.
**545 VIRGINIA AVENUE
PORT ORANGE, FL 32127**

Suite, Apt. #, etc.
**545 VIRGINIA AVENUE
PORT ORANGE, FL 32127**

City & State
PORT ORANGE, FL

City & State
PORT ORANGE, FL

Zip
32127

Country
FL

Zip
32127

Country
FL

6. Name and Address of Current Registered Agent
**ALASTRA, ANTHONY
545 VIRGINIA AVENUE
PORT ORANGE, FL 32127**

60008840



01212008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-8752950

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

7. Name and Address of New Registered Agent
Name **Michael Whitten**
Street Address (P.O. Box Number is Not Acceptable)
545 Virginia Ave.
City **Port Orange** FL Zip Code **32127**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Michael Whitten* DATE **2/1/2008**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MEM NAME Michael Whitten STREET ADDRESS 545 Virginia Ave. CITY-ST-ZIP Port Orange Fla. 32127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.

SIGNATURE: *Michael Whitten* DATE **2/1/2008** DAYTIME PHONE # **386-405-0665**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE