

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000060897

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

**Entity Name:** SEVERE INCIDENT RECOVERY TEAM, LLC

**Current Principal Place of Business:**

2385 SW 66 TERRACE  
DAVIE, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

2385 SW 66 TERRACE  
DAVIE, FL 33317

**New Mailing Address:**

**FEI Number:** 26-0628484

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MANES, MICHAEL B ESQ.  
950 S PINE ISLAND RD D.  
STE A-150  
PLANTATION, FL 33324 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:** MGMR  
**Name:** A SUPERIOR TOWING, INC.  
**Address:** 2385 SW 66 TERRACE  
**City-St-Zip:** DAVIE, FL 33317

**Title:** MGMR  
**Name:** EMERALD TOWING, INC.  
**Address:** 2300 WILES ROAD  
**City-St-Zip:** POMPANO BEACH, FL 33073

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:** A SUPERIOR TOWING COMPANY INC

MGMR

02/03/2011

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