

LD7000060897

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(Address)

(City/State/Zip/Phone #)

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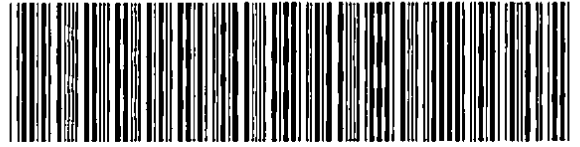
(Business Entity Name)

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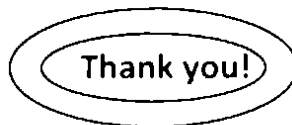
Name:	Severe Incident Recovery Team, LLC
Document #:	
Order #:	14763956 - 21

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Emerald Towing, Inc.		<input type="checkbox"/> Add
		2300 Wiles Road, Pompano Beach, FL 33073	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _____ February 7

Signature of a member or authorized representative of a member

F. GEOFFREY Russe //

Typed or printed name of signer

Filing Fee: \$25.00