

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000095335

**FILED**  
**Oct 01, 2010**  
**Secretary of State**

**Entity Name:** PARAGON DISASTER RECOVERY CONSULTANTS, LLC

**Current Principal Place of Business:**

3534 TOWER OVERLOOK DRIVE  
LAKE WALES, FL 33859 US

**New Principal Place of Business:**

1309 TRIANDRA LA.  
NAPLES, FL 34119 US

**Current Mailing Address:**

6 HILL VALLEY DRIVE  
LANCASTER, NY 14086 US

**New Mailing Address:**

**FEI Number:** 32-0239110

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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: LEGAL ZOOM

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DECARLO, FRANK  
Address: 1309 TRIANDRA LA  
City-St-Zip: NAPLES, FL 34119

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: FRANK DECARLO

MGRM

10/01/2010

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