

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000101467

FILED  
Jul 05, 2008  
Secretary of State

**Entity Name:** CATASTROPHY LOSS CONSULTANTS, LLC.

**Current Principal Place of Business:**

204 A STREET  
ST AUGUSTINE, FL 32080 US

**New Principal Place of Business:**

706 PLANTATION DRIVE  
TITUSVILLE, FL 32780 US

**Current Mailing Address:**

204 A STREET  
ST AUGUSTINE, FL 32080 US

**New Mailing Address:**

706 PLANTATION DRIVE  
TITUSVILLE, FL 32780 US

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

HOOD, RICHARD D  
204 A STREET  
ST AUGUSTINE, FL 32080 US

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

HOOD, RICHARD D  
706 PLANTATION DRIVE  
TITUSVILLE, FL 32780 US

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: RICHARD D HOOD

07/05/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HOOD, RICHARD D  
Address: 204 A STREET  
City-St-Zip: ST AUGUSTINE, FL 32080 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HOOD, RICHARD D  
Address: 706 PLANTATION DR  
City-St-Zip: TITUSVILLE, FL 32780 US

Title: MGR ( ) Change (X) Addition  
Name: WINTLE, WILLIAM  
Address: 706 PLANTATION DRIVE  
City-St-Zip: TITUSVILLE, FL 32780 US

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: RICHARD D. HOOD

MGRM

07/05/2008

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