

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000105239

FILED
Apr 14, 2009
Secretary of State

Entity Name: HORN DISASTER RECOVERY SERVICES, LLC.

Current Principal Place of Business:

405 S. DALE MABRY HWY.
#222
TAMPA, FL 33609 US

New Principal Place of Business:

Current Mailing Address:

405 S. DALE MABRY HWY.
#222
TAMPA, FL 33609 US

New Mailing Address:

FEI Number: 13-4366479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN SAFETY COUNCIL, INC.
5125 ADANSON ST.
SUITE 500
ORLANDO, FL 32804 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: MGRM () Delete
Name: HORN, ADAM
Address: 405 S. DALE MABRY HWY. #222
City-St-Zip: TAMPA, FL 33609 US

Title: MGRM () Delete
Name: HORN, TONY
Address: 405 S. DALE MABRY HWY. #222
City-St-Zip: TAMPA, FL 33609 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PRESIDENT / ADAM M HORN

MR

04/14/2009

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