

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000105239

FILED  
Apr 24, 2012  
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  
Name: HORN, ADAM  
Address: 405 S. DALE MABRY HWY. #222  
City-St-Zip: TAMPA, FL 33609 US

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

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: ADAM M HORN

MR

04/24/2012

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