

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000005246

FILED
Jan 07, 2009
Secretary of State

Entity Name: ANDERSON RESTORATION & EMERGENCY SERVICES LLC

Current Principal Place of Business:

792 CYPRESS CROSSING TRAIL
ST. AUGUSTINE, FL 32095

New Principal Place of Business:

221 HOGAN STREET
321
JACKSONVILLE, FL 32202

Current Mailing Address:

792 CYPRESS CROSSING TRAIL
ST. AUGUSTINE, FL 32095

New Mailing Address:

221 HOGAN STREET
321
JACKSONVILLE, FL 32202

FEI Number: 26-1807645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, AARON P
792 CYPRESS CROSSING TRAIL
ST. AUGUSTINE, FL 32095 US

Name and Address of New Registered Agent:

ANDERSON, AARON P
221 HOGAN STREET
321
JACKSONVILLE, FL 32202 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: AARON ANDERSON

01/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ANDERSON, KAREN
Address: 917 LAKELAND DR
City-St-Zip: MESQUITE, TX 75149

ADDITIONS/CHANGES:

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: KAREN ANDERSON

MGRM

01/07/2009

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