

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000061742

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** TREASURE COAST MITIGATION SERVICES LLC

**Current Principal Place of Business:**

6825 SOUTH U.S. HIGHWAY 1  
PORT SAINT LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

6825 SOUTH U.S. HIGHWAY 1  
PORT SAINT LUCIE, FL 34952

**New Mailing Address:**

**FEI Number:** 90-0498376

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

PECHO, TRACY  
132 NW PLEASANT GROVE WAY  
PORT ST. LUCIE, FL 34986 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:** TRACY PECHO

04/12/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** PECHO, TRACY  
**Address:** 6825 SOUTH U.S. HIGHWAY 1  
**City-St-Zip:** PORT SAINT LUCIE, FL 34952

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:** TRACY PECHO

MGR

04/12/2011

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