

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000066094

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

**Entity Name:** MITIGATION SERVICE SOLUTIONS LLC

**Current Principal Place of Business:**

5825 W. CINNAMON RIDGE DRIVE  
HOMOSASSA, FL 34448

**New Principal Place of Business:**

**Current Mailing Address:**

5825 W. CINNAMON RIDGE DRIVE  
HOMOSASSA, FL 34448

**New Mailing Address:**

**FEI Number:** 27-0510793

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

COSTA, JESSICA  
5825 W. CINNAMON RIDGE DRIVE  
HOMOSASSA, FL 34448 US

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

HOMAN, THOMAS  
5825 W. CINNAMON RIDGE DRIVE  
HOMOSASSA, FL 34448 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: THOMAS HOMAN

04/21/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HOMAN, THOMAS  
Address: 5825 W. CINNAMON RIDGE DRIVE  
City-St-Zip: HOMOSASSA, FL 34448

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: THOMAS HOMAN

MGRM

04/21/2010

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