

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000066094

FILED
Apr 02, 2011
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:

8194 STURBRIDGE CT.
WEEKI WACHEE, FL 34613

Current Mailing Address:

5825 W. CINNAMON RIDGE DRIVE
HOMOSASSA, FL 34448

New Mailing Address:

8194 STURBRIDGE CT.
WEEKI WACHEE, FL 34613

FEI Number: 27-0510793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HOMAN, THOMAS L
8194 STURBRIDGE CT
WEEKI WACHEE, FL 34613 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 L HOMAN

04/02/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CEO
Name: HOMAN, THOMAS L
Address: 8194
City-St-Zip: WEEKI WACHEE, FL 34613

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 L HOMAN

CEO

04/02/2011

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