

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000075636

**FILED**  
**Apr 04, 2012**  
**Secretary of State**

**Entity Name:** INTERAGENCY READINESS SOLUTIONS, LLC

**Current Principal Place of Business:**

5870 CAPO ISLAND ROAD, LOT D  
ST. AUGUSTINE, FL 32095

**New Principal Place of Business:**

**Current Mailing Address:**

5870 CAPO ISLAND ROAD, LOT D  
ST. AUGUSTINE, FL 32095

**New Mailing Address:**

**FEI Number:** 27-0789605

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PETTY, WILLIAM A MGR  
5870 CAPO ISLAND ROAD, LOT D  
ST. AUGUSTINE, FL 32095 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: MGR  
Name: PETTY, WILLIAM A MGR  
Address: 5870 CAPO ISLAND ROAD, LOT D  
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: MGR  
Name: RISCICA, ANTHONY M MGR  
Address: PO BOX 13134  
City-St-Zip: ALBANY, NY 12212

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: ANTHONY M. RISCICA

MGR

04/04/2012

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