

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000089669

**FILED**  
**Mar 03, 2010**  
**Secretary of State**

**Entity Name:** HYPERION DISASTER RECOVERY, LLC

**Current Principal Place of Business:**

2430 TRONJO CIR  
PENSACOLA, FL 32503

**New Principal Place of Business:**

**Current Mailing Address:**

2430 TRONJO CIR  
PENSACOLA, FL 32503

**New Mailing Address:**

10296 COUNTY ROAD 95  
ELBERTA, AL 36530

**FEI Number:** 27-0938623

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CHASTAIN, MARK A  
2430 TRONJO CIR  
PENSACOLA, FL 32503 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:** MGRM  
**Name:** CHASTAIN, MARK A  
**Address:** 2430 TRONJO CIR  
**City-St-Zip:** PENSACOLA, FL 32503

**Title:** MGR  
**Name:** FOOLADI, AMIR M  
**Address:** 7022 BRIGHTON OAKS BLVD.  
**City-St-Zip:** NAVARRE, FL 32566

**Title:** MGR  
**Name:** HARRELSON, GREGORY L  
**Address:** PO BOX 947  
**City-St-Zip:** ORANGE BEACH, AL 36561

**Title:** MGR  
**Name:** HARRELSON, HARRELL L  
**Address:** 610 W. RAILROAD STREET  
**City-St-Zip:** BAY MINETTE, AL 36507

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:** MARK A CHASTAIN

MGRM

03/03/2010

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