

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000069401

**FILED**  
**Feb 25, 2011**  
**Secretary of State**

**Entity Name:** DISASTER RESPONSE GROUP LLC

**Current Principal Place of Business:**

215 FAIR POINT DR  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

215 FAIR POINT DR  
GULF BREEZE, FL 32561

**New Mailing Address:**

**FEI Number:** 26-3761111

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

EMERGENCY RESPONSE GROUP LLC  
5700 NORTH DAVIS HWY  
SUITE 3  
PENSACOLA, FL 32504 US

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

HUARD, ROBERT  
215 FAIR POINT  
GULF BREEZE, FL 32561 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: ROBERT HUARD

02/25/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CABRAL, PETER  
Address: 700 SHORE DRIVE  
City-St-Zip: FALL RIVER, MA 02720

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: PETER CABRAL

MGR

02/25/2011

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