

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000077523

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** REGIONS STORM, WATER AND FIRE RESTORATION, LLC

**Current Principal Place of Business:**

41 FELI WAY  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

41 FELI WAY  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

**FEI Number:** 27-3097054

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GAMMON, STEPHEN R  
39 AUCILLA STREET  
PANACEA, FL 32346 US

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

GAMMON, STEPHEN R  
41 FELI WAY  
CRAWFORDVILLE, FL 32327 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: STEPHEN R. GAMMON

01/05/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GAMMON, STEPHEN R  
Address: 41 FELI WAY  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGRM  
Name: ROBERTS, JASON A  
Address: 41 FELI WAY  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGRM  
Name: ROBERTS, CHRISTOPHER S  
Address: 41 FELI WAY  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: MGR  
Name: GAMMON, KAREN L  
Address: 41 FELI WAY  
City-St-Zip: CRAWFORDVILLE, FL 32327

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: STEPHEN R. GAMMON

MGRM

01/05/2012

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