

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000089382

**FILED**  
**Mar 18, 2011**  
**Secretary of State**

**Entity Name:** 1ST CALL DISASTER MANAGEMENT, LLC

**Current Principal Place of Business:**

1745 BELLE CT  
PUNTA GORDA, FL 33950 US

**New Principal Place of Business:**

**Current Mailing Address:**

1745 BELLE CT  
PUNTA GORDA, FL 33950 US

**New Mailing Address:**

**FEI Number:** 27-3323971

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOY, JAMES  
1745 BELLE CT  
PUNTA GORDA, FL 33950 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: 1ST CALL DISASTER MGMT, LLC  
Address: 1745 BELLE CT  
City-St-Zip: PUNTA GORDA, FL 33950

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: 1ST CALL DISASTER MANAGEMENT, LLC

MGRM

03/18/2011

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