

L12000001989

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 18 2013

J. BRYAN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Emergency Disaster Technicians, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jose E. Nodal

Name of Person

Emergency Disaster Technicians, LLC

Firm/Company

2555 Dobbs Road , unit 12

Address

St. Augustine , FL 32086

City/State and Zip Code

jnodal@disastertechs.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose Nodal

Name of Person

at (305) 970-8850

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2012

EMERGENCY DISASTER TECHNICIANS , LLC
2555 DOBBS ROAD
UNIT 12
ST. AUGUSTINE, FL 32086

SUBJECT: EMERGENCY DISASTER TECHNICIANS , LLC
Ref. Number: L12000001989

FILED
2013 JAN 17 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Our records indicate the registered agent for the above named limited liability company resigned on October 2, 2012 and that the limited liability company currently does not have a registered agent designated.

Chapter 608, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a limited liability company for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named limited liability company 60 days from the date of this letter if a registered agent is not properly designated.

Please designate a new registered agent by doing one of the following: 1) complete the enclosed registered agent designation form, 2) file the current year annual report (if applicable) or 3) file an amended annual report (again, if applicable). **Each one of these filings must be submitted with the appropriate filing fee.**

If you should need any further information, please contact our office at (850) 245-6051.

Gary Blankenbaker
Document Specialist
Division of Corporations

Letter Number: 512A00028736

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Emergency Disaster Technicians, LLC

2. (a) Principal office address of limited liability company: 2555 Dobbs Road, unit 12
St. Augustine, FL 32086
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

same

01/05/2012

3. Date of filing/registration in Florida

L12000001989

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Bryan K. Fox

Registered Office Address:

420 Mcleod Road

St. Augustine, FL 32095

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Jose E Nodal

NEW Registered Office Address:

2555 Dobbs Road, unit 12

(MUST BE FLORIDA STREET ADDRESS)

St. Augustine, FL 32086

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Jose E. Nodal

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00