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JAN 1 8 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

inodal@disastertechs.com

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

For further information concerning this matter, please call:

Jose Nodal

....305 \ 970-88

Name of Person

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

INHS18 (5/08)





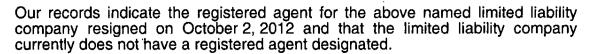
## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 4, 2012

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

SUBJECT: EMERGENCY DISASTER TECHNICIANS, LLC

Ref. Number: L12000001989



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 FILED MII: 12

SECRETARSSEE. FLORIDA

TALLAHASSEE. FLORIDA

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 Disaste	r Technicians, LLC	<del> </del>
2. (a) Principal office address of limited liability compa	ans/* 2555 Dobbs Road , upit 12	_
(Note: MUST BE STREET ADDRESS)	St. Augutine, FL 32086	. 2 1
		25
		C3 7
(b) Mailing address of limited liability company:	same	
(Note: MAY BE POST OFFICE BOX)		7, 2,
		20
04/05/0040	142000004000	7.0
01/05/2012	L12000001989	- C 3
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida I	Dept. of State:
B. Maria de la companya della companya della companya de la companya de la companya della compan		
Registered Agent:	Bryan K. Fox	<del>"</del>
Registered Office Address:	420 Mcleod Road	
Registered Office Address.	St. Augustine , FL 32095	
<u><b>NEW</b></u> Registered Agent:	Jose E Nodal	
NEW Registered Office Address:	2555 Dobbs Road , unit 12	
(MUST BE FLORIDA STREET ADDRESS)	St Augustine	CI 22006
	St. Augustine	,FL_32086
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idliability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	e Florida street address of the entical. Or, in the case of a F	registered office lorida limited
Jose E. Nodal Printed or typed name of signee	<del></del>	
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this capacity proper and complete perforn position as registered agent merely reflect a change in the any has been notified in writi	o. I further agree to nance of my duties, as provided for in e registered office ng of this change.
Signature of Registered Agent		
Division of Corporations, P.O. Box	6327, Tallahassee, FL 3231	14

**FILING FEE: \$25.00**