2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M04000004173

1. Entity Name
STATEWIDE DISASTER RESTORATION SOUTH, L.L.C.

Principal Place of Business	Mailing Address
1736 INDEPENDENCE BLVD SARASOTA, FL 34234	22310 TELEGRAPH ROAD SOUTHFIELD, MI 48034

DO NOT WRITE IN THIS SPACE

01162008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-1300596	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. **Name and Address of Current Registered Agent**

BENSON, BOB
336 MORNINGSIDE DRIVE
SARASOTA, FL 34239

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	BECKER, ADAM
STREET ADDRESS	22310 TELEGRAPH ROAD
CITY-ST-ZIP	SOUTHFIELD, MI 48034
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/05/08-80016-006 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____