

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1800000780

**Entity Name:** DISASTER RESOURCE GROUP LLC

**Current Principal Place of Business:**

1625 N AIRWAY DRIVE  
BATON ROUGE, LA 70815

**Current Mailing Address:**

1625 N AIRWAY DRIVE  
BATON ROUGE, LA 70815 US

**FEI Number:** 47-3066638

**Certificate of Status Desired:** No

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

REGISTERED AGENT SOLUTIONS, INC.  
2894 REMINGTON GREEN LANE  
SUITE A  
TALLAHASSEE, FL 32308 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MBR  
Name STABILER, WAYNE  
Address 1625 N AIRWAY DRIVE  
City-State-Zip: BATON ROUGE LA 70815

Title MBR  
Name STABILER, LUCI  
Address 1625 N AIRWAY DRIVE  
City-State-Zip: BATON ROUGE LA 70815

Title DIRECTOR OF FINANCE  
Name LANDRENEAU, WILLIAM L  
Address 1625 N AIRWAY DRIVE  
City-State-Zip: BATON ROUGE LA 70815

Title VP  
Name JAGOE, BENJAMIN A  
Address 6070 POPLAR AVE, SUITE 750  
City-State-Zip: MEMPHIS TN 38119

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BENJAMIN A JAGOE

**VICE PRESIDENT**

**04/25/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date