

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060137

Entity Name: MDI STORMCOVERS LLC

FILED
Aug 03, 2007
Secretary of State

Current Principal Place of Business:

912 W MICHIGAN AVE
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

912 W MICHIGAN AVE
PENSACOLA, FL 32505

New Mailing Address:

FEI Number: 20-3007752 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ROCKWELL ACCOUNTING LLC
912 W MICHIGAN AVE
PENSACOLA, FL 32505 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BAGGETT, JAMES
Address: 912 W MICHIGAN AVE
City-St-Zip: PENSACOLA, FL 32505

Title: MGRM () Delete
Name: BAGGETT, STEPHEN
Address: 912 W MICHIGAN AVE
City-St-Zip: PENSACOLA, FL 32505

Title: MGRM () Delete
Name: BAGGETT, DANIEL
Address: 912 W MICHIGAN AVE
City-St-Zip: PENSACOLA, FL 32505

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JAMES BAGGETT

MGRM

08/03/2007

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