FILED
Apr 14, 2008 8:00 am
Secretary of State
04-14-2008 90223 020 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000057934

1. Entity Name
ASSURED STORM PROTECTION LLC

Principal Place of Business	Mailing Address
[redacted]	[redacted]

00066491

02262008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4095 State Rd. 7	4095 State Rd. 7
Suite, Apt. #, etc. Suite L-144	Suite, Apt. #, etc. Suite L-144
City & State Lake Worth, Fl.	City & State Lake Worth, FL
Zip 33467 Country USA	Zip 33467 Country U.S.A.

4. FEI Number 20-5077547 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BONO, GREG
10721 OAK BEND WAY
WELLINGTON, FL 33414

7. Name and Address of New Registered Agent

Name Edgardo M. Foti
Street Address (P.O. Box Number is Not Acceptable) 2845 S.W. 9 ST.
City Boynton Beach FL Zip Code 33435-7909

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 Edgardo M Foti Edgardo M. Foti 2/27/08
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☒ Delete	TITLE	MGRM	☐ Change ☒ Addition
NAME	BONO, GREG		NAME	Edgardo M. Foti	
STREET ADDRESS	10721 OAK BEND WAY		STREET ADDRESS	2845 S.W. 9 ST.	
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP	Boynton Beach, FL. 33435-7909	
TITLE	MGRM	☒ Delete	TITLE	MGRM.	☐ Change ☒ Addition
NAME	MOSS, KENNETH		NAME	Graziano Ferrari	
STREET ADDRESS	9448 PALESTRO STREET		STREET ADDRESS	3632 NW 5th Terrace	
CITY-ST-ZIP	LAKE WORTH, FL 33467		CITY-ST-ZIP	Boca Raton, FL. 33431	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Edgardo M Foti Edgardo M. Foti 2/27/08 561-~~309~~-~~3600~~ 901-6849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #