

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000170952

Entity Name: FLORIDA STORM PANEL SUPPLY LLC**Current Principal Place of Business:**14475 NW 26 AVE.
OPA LOCKA, FL 33054**Current Mailing Address:**14475 NW 26 AVE.
OPA LOCKA, FL 33054 US**FEI Number:** 46-4235298**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CALLEJAS, MARIO
14475 NW 26 AVE.
OPA LOCKA, FL 33054 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	MGR
Name	CALLEJAS, MARIO
Address	2428 CORDOBA BEND
City-State-Zip:	WESTON FL 33327

Title	MGRM
Name	LLERENA, THOMAS
Address	13874 SW 101 LANE
City-State-Zip:	MIAMI FL 33186

Title	MGRM
Name	RODRIGUEZ, MARVELIS
Address	4050 NW 135 ST B9-12
City-State-Zip:	OPA LOCKA FL 33054

Title	MGRM
Name	AURICH, CAROL
Address	9741 SW 138 AVE
City-State-Zip:	MIAMI FL 33186

Title	MGRM
Name	POLIER, ODALIS
Address	504 SW 133 AVE
City-State-Zip:	DAVIE FL 33325

Title	MGRM
Name	DE LA UZ, CARLOS
Address	6364 E 6 AVE
City-State-Zip:	HIALEAH FL 33013

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: CAROL AURICH**MANAGER****04/09/2014**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date