

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000221821

**FILED**  
**Feb 19, 2018**  
**Secretary of State**  
**CC1280592112**

**Entity Name:** EXTREME WEATHER CONSULTING, LLC

**Current Principal Place of Business:**

132 SOUTH NORTHWEST HIGHWAY  
SUITE 106  
BARRINGTON, IL 60010

**Current Mailing Address:**

132 SOUTH NORTHWEST HIGHWAY  
SUITE 106  
BARRINGTON, IL 60010 US

**FEI Number:** 82-3218290

**Certificate of Status Desired:** No

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

API PROCESSING - LICENSING, INC.  
3419 GALT OCEAN DRIVE  
SUITE A  
FORT LAUDERDALE, FL 33308 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 CZACHOR, CHRISTOPHER  
Address 132 SOUTH NORTHWEST HIGHWAY  
SUITE 106  
City-State-Zip: BARRINGTON IL 60010

Title MGR  
Name CLOSE, CHRISTIAN  
Address 132 SOUTH NORTHWEST HIGHWAY  
SUITE 106  
City-State-Zip: BARRINGTON IL 60010

Title TREASURER  
Name NELSON, KIM  
Address 132 SOUTH NORTHWEST HIGHWAY  
SUITE 106  
City-State-Zip: BARRINGTON IL 60010

*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:** CHRISTOPHER CZACHOR

**MGR**

**02/19/2018**

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

\_\_\_\_\_  
Date