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May 05, 2003 8:00 am
Secretary of State
05-05-2003 90697 042 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000016816

1. Entity Name
STORMGATE, L.L.C.

Principal Place of Business	Mailing Address
3693 CORTEZ RD WEST SUITE 219 BRADENTON, FL 34210	3693 CORTEZ RD WEST SUITE 219 BRADENTON, FL 34210

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1365 Crossbill Court	1365 Crossbill Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Weston FL	City & State: Weston FL
Zip: 33327 Country: USA	Zip: 33327 Country: USA

4. FEI Number: 65-1144247 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CUEVAS, ANDREW ESQ 535 BILTMORE WAY CORAL GABLES, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

[redacted]

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DE FRANCISCO, URBANO 3639 CORTEZ RD WEST SUITE 219 BRADENTON, FL 34210	☐ Delete	MGRM DE FRANCISCO URBANO 1365 CROSSBILL COURT WESTON FL 33327	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LANZI, ELENA 3639 CORTEZ RD WEST SUITE 219 CORAL GABLES, FL 33134	☐ Delete	MGRM LANZI, MARIA E. 1365 CROSS BILL COURT WESTON FL 33327	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition

CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: x _____ 4/30/03 (305) 5589669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #