

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000043378

Entity Name: STORM RECOVERY, LLC

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

4313 SW 64TH AVE.
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

4313 SW 64TH AVE.
DAVIE, FL 33314

New Mailing Address:

FEI Number: 41-2141372

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRAOLINI, PAMELA SUE
4313 SW 64TH AVE.
DAVIE, FL 33314 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: PRAOLINI, PAMELA
Address: 4049 SW 3RD ST
City-St-Zip: PLANTATION, FL 33317 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PAM PRAOLINI

MGR

04/28/2005

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