

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077016

FILED
Apr 18, 2009
Secretary of State

Entity Name: STORM READY BUILDERS, LLC

Current Principal Place of Business:

10970 S CLEVELAND AVE, STE 303
FORT MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

10970 S CLEVELAND AVE, STE 303
FORT MYERS, FL 33907 US

New Mailing Address:

FEI Number: 20-1826343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRECHEL, OLIVER
12651 MCGREGOR BLVD #1-101
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

PRECHEL, OLIVER
10970 S CLEVELAND AVE
303
FORT MYERS, FL 33907 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:

04/18/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PRECHEL, OLIVER
Address: 12651 MCGREGOR BLVD. #1-101
City-St-Zip: FORT MYERS, FL 33919 US

Title: MGRM () Delete
Name: PRECHEL, SIMONE
Address: 12651 MCGREGOR BLVD. #1-101
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PRECHEL, OLIVER
Address: 10970 S CLEVELAND AVE. SUITE 303
City-St-Zip: FORT MYERS, FL 33907 US

Title: MGRM (X) Change () Addition
Name: PRECHEL, SIMONE
Address: 10970 S. CLEVELAND AVE. SUITE 303
City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SIMONE PRECHEL

MGRM

04/18/2009

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