2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State
02-09-2005 90159 002 ****50.00

DOCUMENT # L04000079714

1. Entity Name
ALL-STORM BUSTERS LLC

Principal Place of Business	Mailing Address
~~4746 SATINWOOD TRAIL~~ ~~COCONUT CREEK, FL 33063~~	~~4746 SATINWOOD TRAIL~~ ~~COCONUT CREEK, FL 33063~~

·30002166

02042005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
5851 Holmberg Rd	5851 Holmberg Rd
Suite, Apt. #, etc.: 345	Suite, Apt. #, etc.: 345
City & State: Parkland FL.	City & State: Parkland FL.
Zip: 33067 Country: Broward	Zip: 33067 Country: Broward

4. FEI Number: 04-3799347 ☐ 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
~~TRUE, ANETTE J~~ ~~4746 SATINWOOD TRAIL~~ ~~COCONUT CREEK, FL 33063~~	Name: MAYORGA, CARLOS R Street Address (P.O. Box Number is Not Acceptable): 2860 E SABLE CIRCLE City: MARGATE FL Zip Code: 33063

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: _____ 3/17/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MAYORGA, CARLOS R 2860 E. SABLE CIR. MARGATE, FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MAULEN, ROBERT 4746 SATINWOOD TRAIL COCONUT CREEK, FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HALL, KURT 11379 LITTLE BEAR DR. BOCA RATON FL 33428	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 2/5/05 (954) 678-4138
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #