

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90019 001 ***150.00

DOCUMENT # L04000079714

1. Entity Name
ALL-STORM BUSTERS LLC



Principal Place of Business
**5851 HOLMBERG RD
3415
PARKLAND, FL 33067**

Mailing Address
**5851 HOLMBERG RD
3415
PARKLAND, FL 33067**



03152006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

**MAYORGA, CARLOS R
2860 E SABLE CIRCLE
MARGATE, FL 33063**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MAYORGA, CARLOS R
2860 E. SABLE CIR.
MARGATE, FL 33063**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MAULEN, ROBERT
4746 SATINWOOD TRAIL
COCONUT CREEK, FL 33063**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HALL, KURT
11379 LITTLE BEAR DR
BOCA RATON, FL 33428**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
JOE GALANG
2986 NW 91ST AVE
CORAL SPRING FL 33065**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Joseph A. Dalany

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-4-06 954 867-9000

Date

Daytime Phone #