

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000068543

FILED
Nov 17, 2008
Secretary of State

Entity Name: STORM DEPOT OF PALM BEACH, LLC

Current Principal Place of Business:

2789 FOREST HILL BLVD
WEST PALM BEACH, FL 33406 US

New Principal Place of Business:

Current Mailing Address:

2789 FOREST HILL BLVD
WEST PALM BEACH, FL 33406 US

New Mailing Address:

FEI Number: 20-3132390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONET, GEORGE A
2789 FOREST HILL BLVD
WEST PALM BEACH, FL 33406 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: JULIE BONET

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BONET, GEORGE A
Address: 2789 FOREST HILL BLVD
City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: MGRM () Delete
Name: MCCABE, ALEXANDRA B
Address: 2789 FOREST HILL BLVD
City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: MGRM () Delete
Name: BONET, JULIE L
Address: 2789 FOREST HILL BLVD
City-St-Zip: WEST PALM BEACH, FL 33406 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JULIE BONET

MGRM

11/17/2008

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