

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000075631

Entity Name: STORM LAWYERS, PLC

FILED
Oct 12, 2006
Secretary of State

Current Principal Place of Business:

815 ORIENTA AVE., SUITE 1060
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

1211 ORANGE AVE
SUITE 200
WINTER PARK, FL 32789

Current Mailing Address:

815 ORIENTA AVE., SUITE 1060
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

1211 ORANGE AVE
SUITE 200
WINTER PARK, FL 32789

FEI Number: 20-3275724 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

UHRIG, HAL
370 LAKE SEMINARY CIRCLE
MAITLAND, FL 32751 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: HAL UHRIG

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MR. () Change (X) Addition
Name: COHEN, HARVEY
Address: 1211 ORANGE AVE., STE 200
City-St-Zip: WINTER PARK, FL 32789

Title: MR. () Change (X) Addition
Name: UHRIG, HAL
Address: 370 LAKE SEMINARY CIR
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the 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: HAL UHRIG

MR.

10/12/2006

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