## 105000108301

(Requestor's Name)				
(Address)	30007876			
(Address)				
(City/State/Zip/Phone #)	09/06/0601004			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



8393

--006 \*\*25.00



## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: STORM Shotter Depot L.L.C. (Name of Limited Liability Company)	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for fill	ng.
Please return all correspondence concerning this matter to the following:	
Wayne Lee (Name of Person)	
STORM Shutter Depot L.C.C. (Firm/Company)	SECHETARY 2006 SEP -6
5302 561 Commence PAKK Blub. (Address)	OF STATE CATIONS
TAMPA, FLA. 33610 (City/State and Zip Code)	<b>0.</b> ,
For further information concerning this matter, please call:	
(Name of Person) at (813) 751- 4296 (Name of Person) (Area Code & Daytime Telepho	ne Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:	
☐ \$25 Filing Fee   ☐ \$55 Filing Fee & Certified Copy	

INHS18 (8/05)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is:	JORM S	HUTTER	DEPOT	L.L.C	· * · · ·
2. The mailing address of the limited liability compa	any is : <u>53</u> 9	or 56t	1 Commo	ence	
PARK Blud: TAMPA, PLA. 33					·
11-02-05	/	በհበብስኒ	18301		
3. Date of filing/registration in Florida	4. D	ocument nur	nber		
5. The name of the registered agent and the registere	ed office addre	ess as shown	on the record	s of the	
Florida Department of State:	00 1			22	<u>.</u>
Wayne Le	ime		,	8	SEC.
9531 SW 79				段	元音
	iress			2006 SEP -6	× AR
might FLA	te and Zin				유유
• ,	•			1 <b>H</b> d	
6. The name and address of the new registered agent				կ։ 05	7.7
Waynerlet 5302 56 ts Comm	<u> </u>			បា	-70
C203 of the Nam	1e Page	v 21			
Florida street address (P.			•		
		- ,			
TAm ρ A FI City, State	r 32	610			
City, State	and Zip				
If the limited liability company is not organized unde confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the cha- of the members of the limited liability company or a or the operating agreement of the limited liability con-	, the Florida s e identical. O	treet address r, in the case were authorize	of the registe of a Florida d by an affin	ered office limited mative vot	te
(Signature of a member or authorized representative of a member)		••			
Printed or typed name of signee)	····				
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, V.S. Or, if this document is being filed address, I hereby confirm that the limited liability co	t and agree to the proper an my position a to merely rej ompany has bo	act in this cond complete passes a complete passes a change cen notified i	macity. I fur erformance of agent as prove in the regist n writing of the	ther agree of my dutie rided for it ered offic his change	e to es, n re re.
(Signature of Registared Agent)	•				
Division of Cornerations, P.O. F	Rox 6327, Tal	lahassee. FT	. 32314		

**FILING FEE: \$25.00**