


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 20, 2007 8:00 am
Secretary of State

07-20-2007 90039 035 ****55.00

DOCUMENT # L06000012986 1. Entity Name GULF SIDE STORM STOPPERS, LLC					
Principal Place of Business 300 A SEABOARD AVE. SOUTH VENICE, FL 34285 US			Mailing Address 300 A SEABOARD AVE. SOUTH VENICE, FL 34285 US		
<i>CORRECTION: REMOVE "SOUTH"</i>					
2. Principal Place of Business - No P.O. Box # 300 SEABOARD AVE.		3. Mailing Address 300 SEABOARD AVE.			
Suite, Apt. #, etc. SUITE A.		Suite, Apt. #, etc. SUITE A			
City & State VENICE FL		City & State VENICE FL		4. FEI Number 20-4262236	
Zip 34285		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WILSON, WILLIAM L 300 A SEABOARD AVE. SOUTH VENICE, FL 34285			7. Name and Address of New Registered Agent Name WILLIAM L. WILSON Street Address (P.O. Box Number is Not Acceptable) 300 SEABOARD AVE. SUITE A City VENICE FL Zip Code 34285		
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: <i>Will L Wilson</i> WILLIAM L. WILSON 7-6-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, WILLIAM L 300 A SEABOARD AVE. SOUTH VENICE, FL 34285 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WASSON, LORI D 300 A SEABOARD AVE. SOUTH VENICE, FL 34285 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Will L Wilson</i> WILLIAM L. WILSON				7-6-07 941-244-9060 <small>Date Daytime Phone #</small>	