

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000012986

FILED  
Feb 06, 2009  
Secretary of State

**Entity Name:** GULF SIDE STORM STOPPERS, LLC

**Current Principal Place of Business:**

300 SEABOARD AVE. STE A  
VENICE, FL 34285 US

**New Principal Place of Business:**

**Current Mailing Address:**

300 SEABOARD AVE. STE A  
VENICE, FL 34285 US

**New Mailing Address:**

**FEI Number:** 20-4262236

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILSON, WILLIAM L  
300 SEABOARD AVE. STE A  
VENICE, FL 34285 US

**Name and Address of New Registered Agent:**

WASSON, LORI D  
300 SEABOARD AVE. STE A  
VENICE, FL 34285 US

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: LORI D WASSON

02/06/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WILSON, WILLIAM L  
Address: 1107 SHOREVIEW DR., APT. UP  
City-St-Zip: ENGLEWOOD, FL 34223 US

Title: MGRM ( ) Delete  
Name: WASSON, LORI D  
Address: 1107 SHOREVIEW DR., APT. UP  
City-St-Zip: ENGLEWOOD, FL 34223 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: TAYLOR, MICHAEL I  
Address: 771 BUCKSKIN CT  
City-St-Zip: ENGLEWOOD, FL 34223 US

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: LORI D WASSON

MGRM

02/06/2009

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