FILED
Jun 06, 2007 8:00 am
Secretary of State
05-07-2007 90380 047 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/

DOCUMENT # L06000035195

1. Entity Name
STORM PROTECTION SOLUTIONS, LLC

30009932

Principal Place of Business	Mailing Address
6192 VIA VENETIA NORTH DELRAY BEACH, FL 33484	6192 VIA VENETIA NORTH DELRAY BEACH, FL 33484

05012007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
125 NW 11th Street		same as above	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Boca Raton, FL 33432		City & State	
Zip: 33432	Country: USA	Zip	Country

4. FEI Number: 20-4614238 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDSTEIN, MARK B
2700 N MILITARY TRAIL STE 130
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name: Fran Golden
Street Address (P.O. Box Number is Not Acceptable): 6192 Via Venetia North
City: Delray Beach FL Zip Code: 33484

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: Fran Golden 5/1/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLDEN, FRAN 6192 VIA VENETIA NORTH DELRAY BEACH, FL 33484	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael Leazier VP 125 NW 11th Street Boca Raton, FL 33484	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Fran Golden 5/1/07 561-427-7985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #