

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jul 11, 2008  
Secretary of State**

DOCUMENT# L06000040473

Entity Name: AFTER THE STORM, LLC

**Current Principal Place of Business:**

33497 S. DIXIE HWY, #105  
FLORIDA CITY, FL 33034

**New Principal Place of Business:**

**Current Mailing Address:**

33497 S. DIXIE HWY, #105  
FLORIDA CITY, FL 33034

**New Mailing Address:**

FEI Number: 22-8928728      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:**

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

WARD, KEVIN B  
33497 S. DIXIE HWY, #105  
FLORIDA CITY, FL 33034      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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR      ( ) Delete  
Name: BARLETT, SHARON O  
Address: 24814 S.W. 177 AVENUE  
City-St-Zip: HOMESTEAD, FL 33031

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR      ( ) Delete  
Name: WARD, KEVIN B  
Address: 33497 S. DIXIE HWY, #105  
City-St-Zip: FLORIDA CITY, FL 33034

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR      ( ) Delete  
Name: FLINK, MICHAEL  
Address: 24856 S.W. 177 AVENUE  
City-St-Zip: HOMESTEAD, FL 33031

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: SHARON O BARLETT

MGR

07/11/2008

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