

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000040473

FILED  
Apr 28, 2009  
Secretary of State

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:**

24814 SW 177 AVE  
HOMESTEAD, FL 33031

**Current Mailing Address:**

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

**New Mailing Address:**

24814 SW 177 AVE  
HOMESTEAD, FL 33031

FEI Number: 22-8928728

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

BARLETT, SHARON O  
24814 SW 177 AVE  
HOMESTEAD, FL 33031 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: SHARON O BARLETT

04/28/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

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

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BARLETT, SHARON O  
Address: 24814 SW 177 AVE  
City-St-Zip: HOMESTEAD, FL 33031

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

Title: MGR (X) Change ( ) Addition  
Name: FLINK, MICHAEL  
Address: 963 NE 42 AVE  
City-St-Zip: HOMESTEAD, FL 33033

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

04/28/2009

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