

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