

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064168

FILED  
Apr 14, 2007  
Secretary of State

Entity Name: THE STORM AUTHORITY, LLC

## Current Principal Place of Business:

5214 BOWLING GREEN DRIVE  
FORT PIERCE, FL 34951 US

## New Principal Place of Business:

10880 SW STEPHANIE WAY  
PORT SAINT LUCIE, FL 34987 US

## Current Mailing Address:

5214 BOWLING GREEN DRIVE  
FORT PIERCE, FL 34951 US

## New Mailing Address:

10880 SW STEPHANIE WAY  
PORT SAINT LUCIE, FL 34987 US

FEI Number: 20-5113041

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SALYERS, KENNETH V  
5214 BOWLING GREEN DRIVE  
FORT PIERCE, FL 34951 US

## Name and Address of New Registered Agent:

SALYERS, KENNETH V  
10880 SW STEPHANIE WAY  
PORT SAINT LUCIE, FL 34987 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: KENNETH V. SALYERS

04/14/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SALYERS, KENNETH V  
Address: 5214 BOWLING GREEN DRIVE  
City-St-Zip: FORT PIERCE, FL 34951 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SALYERS, KENNETH V  
Address: 10880 SW STEPHANIE WAY  
City-St-Zip: PORT SAINT LUCIE, FL 34987 US

I hereby certify that the information supplied with this filing does not qualify for the 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: KENNETH V. SALYERS

MGR

04/14/2007

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