

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90081 017 ***138.75

DOCUMENT # L06000071928 1. Entity Name STORMSHIELD HURRICANE PROTECTION SYSTEMS, LLC.					
Principal Place of Business 6804 NW 20TH AVE. FT. LAUDERDALE, FL 33309 US			Mailing Address 6804 NW 20TH AVE. FT. LAUDERDALE, FL 33309 US		
2. Principal Place of Business - No P.O. Box # 5440 NW 33 Avenue		3. Mailing Address 5440 NW 33 Avenue		 04242008 Chg-LLC CR2E083 (12/06)	
Suite, Apt. #, etc. Suite 101		Suite, Apt. #, etc. Suite 101			
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL			
Zip 33309		Zip 33309			
Country USA		Country USA		4. FEI Number 37-1525455	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent D'SERGIO, JENNIFER L 9370 W. BAY HARBOR ISLANDS #12 BAY HARBOR ISLANDS, FL 33154			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5440 NW 33 Avenue Suite 101 City Ft. Lauderdale FL Zip Code 33309		
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 <u>Jennifer D'Sergio MGRM</u> DATE <u>4/24/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM D'SERGIO, JENNIFER L 9370 W. BAY HARBOR DR. #12 BAY HARBOR ISLANDS, FL 33154	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Jennifer L D'Sergio 5440 NW 33 Avenue, Suite 101 Ft. Lauderdale, FL 33309
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EIRIZ, JOE 669 SW 168TH WAY PEMBROKE PINES, FL 33027	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NARANJO, FELIPE 3083 DAY AVE. MIAMI, FL 33133	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Jennifer D'Sergio</u>			4/24/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		
Jennifer D'Sergio			954-485-4949		
Daytime Phone #					