

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000090285

FILED
Apr 08, 2008
Secretary of State

Entity Name: STORMHINGED, LLC

Current Principal Place of Business:

1701 OLD MOODY BLVD.
BUNNELL, FL 32110

New Principal Place of Business:

1803 OLD MOODY BLVD.
BUNNELL, FL 32110

Current Mailing Address:

1701 OLD MOODY BLVD.
BUNNELL, FL 32110

New Mailing Address:

1803 OLD MOODY BLVD.
BUNNELL, FL 32110

FEI Number: 65-1313146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERGMAN, BARBARA M
613 YORKSHIRE DRIVE
FLAGLER BEACH, FL 32136 US

Name and Address of New Registered Agent:

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:

Title: MGR () Delete
Name: STAILEY, RONALD L
Address: 613 YORKSHIRE DRIVE
City-St-Zip: FLAGLER BEACH, FL 32136

Title: MGR () Delete
Name: BERGMAN, BARBARA M
Address: 613 YORKSHIRE DRIVE
City-St-Zip: FLAGLER BEACH, FL 32136

ADDITIONS/CHANGES:

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

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: BARBARA M. BERGMAN

MGR

04/08/2008

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