

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000112882

1. Entity Name:
STORM INTERNATIONAL LLC



FILED
08 JAN -8 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2578 ENTERPRISE ROAD, SUITE 110
ORANGE CITY, FL 32763-7904**

Mailing Address
**2578 ENTERPRISE ROAD, SUITE 110
ORANGE CITY, FL 32763-7904**

BT

60011438011



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

01072008 REIN-LLC CR2E101 (1/07)

4. FEI Number
Applied For Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**FLORIDA FILING & SEARCH SERVICES, INC.
155 OFFICE PLAZA DRIVE, SUITE A
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 *[Signature]* DATE *1/8/08*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STURM, KARINO H 2578 ENTERPRISE ROAD, SUITE 110 ORANGE CITY, FL 327637904	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

REINSTATEMENT 2007-2008

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: *[Signature]* AUTH REP *1-7-08* 302-421-5750
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #

LOG000112882

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662, TALLAHASSEE, FL 32302
155 OFFICE PLAZA DRIVE, SUITE A, TALLAHASSEE, FL 32301
PHONE: (850) 216-0457 / FAX: (850) 216-0460**

DATE: 1/8/2008

BK

NAME: STORM INTERNATIONAL LLC

TYPE OF FILING: REINSTATEMENT

RECEIVED
08 JAN - 8 PM 12: 04
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COST: \$277.50 + \$5.00= \$282.50

BK

RETURN: GOOD STANDING

FILED
08 JAN - 8 AM 11: 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT: FCA000000015

AUTHORIZATION: PAUL / ABBIE HODGE

[Signature]
