

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000002947

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: STORACE, LLC

**Current Principal Place of Business:**

2721 N.E. 14TH STREET  
#3  
FORT LAUDERDALE, FL 33304

**New Principal Place of Business:**

**Current Mailing Address:**

2721 N.E. 14TH STREET  
#3  
FORT LAUDERDALE, FL 33304

**New Mailing Address:**

FEI Number: 22-3951488

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STORACE, OTTAVIO F MGR  
2721 N.E. 14TH STREET  
#3  
FORT LAUDERDALE, FL 33304 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: STORACE, OTTAVIO F  
Address: 2721 N.E. 14TH STREET, #3  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: ST ( ) Delete  
Name: STORACE, OTTAVIO F  
Address: 2721 N.E. 14TH STREET, #3  
City-St-Zip: FORT LAUDERDALE, FL 33304

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: STORACE, OTTAVIO F  
Address: 2721 N.E. 14TH STREET, #3  
City-St-Zip: FORT LAUDERDALE, FL 33304 US

Title: ST (X) Change ( ) Addition  
Name: STORACE, OTTAVIO F  
Address: 2721 N.E. 14TH STREET, #3  
City-St-Zip: FORT LAUDERDALE, FL 33304 US

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: OTTAVIO STORACE

MGR

04/28/2009

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