

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000008265

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Entity Name:** STORM CENTRAL SERVICES, LLC

**Current Principal Place of Business:**

1234 SE 14TH STREET  
OCALA, FL 34471

**New Principal Place of Business:**

1714 SW 27TH ST  
OCALA, FL 34471

**Current Mailing Address:**

1234 SE 14TH STREET  
OCALA, FL 34471

**New Mailing Address:**

1714 SW 27TH ST  
OCALA, FL 34471

**FEI Number:** 20-8287393

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HICKS, DANIEL ESQ  
421 S. PINE AVENUE  
OCALA, FL 34474 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  
**Name:** HOPKINS, MICHAEL D  
**Address:** 1714 SW 27TH ST.  
**City-St-Zip:** OCALA, FL 34471 US

I hereby 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:** MICHAEL HOPKINS

MNGR

02/28/2011

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