

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000035229

**FILED**  
**Dec 22, 2009**  
**Secretary of State**

**Entity Name:** THE STORM COMPANY, L.L.C.

**Current Principal Place of Business:**

915 MIDDLE RIVER DRIVE, SUITE #506  
FORT LAUDERDALE, FL 33304

**New Principal Place of Business:**

**Current Mailing Address:**

915 MIDDLE RIVER DRIVE, SUITE #506  
FORT LAUDERDALE, FL 33304

**New Mailing Address:**

FEI Number: 20-8824657      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

KARNEY, WILLIAM M ESQ.  
915 MIDDLE RIVER DRIVE, SUITE #506  
FORT LAUDERDALE, FL 33304      US

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: WILLIAM M. KARNEY

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: WETSTEIN, JENNIFER S  
Address: 1524 NE 18TH AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33304

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: WETSTEIN, JENNIFER S  
Address: 915 MIDDLE RIVER DRIVE, SUITE 506  
City-St-Zip: FORT LAUDERDALE, FL 33304

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: JENNIFER S. WETSTEIN

MGRM

12/22/2009

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