

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000056227

**FILED**  
**Apr 19, 2009**  
**Secretary of State**

**Entity Name:** STORM PROTECTION OF SOUTH FLORIDA LLC

**Current Principal Place of Business:**

2670 ARBUTUS ST  
2  
NAPLES, FL 34112

**New Principal Place of Business:**

2332 MANGROVE ST.  
NAPLES, FL 34112

**Current Mailing Address:**

4206 ENTERPRISE AVE  
2  
NAPLES, FL 34104

**New Mailing Address:**

**FEI Number:** 26-0246586

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARTER, ALFRED B OWNER  
4206 ENTERPRISE AVE  
2  
NAPLES, FL 34104 US

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

CARTER, ALFRED B IV  
4206 ENTERPRISE AVE  
2  
NAPLES, FL 34104 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: ALFRED B CARTER IV

04/19/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CARTER, ALFRED B IV  
Address: 4206 ENTERPRISE AVE #2  
City-St-Zip: NAPLES, FL 34104

**ADDITIONS/CHANGES:**

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: ALFRED B CARTER IV

MGRM

04/19/2009

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