

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000097283

FILED
Jan 15, 2008
Secretary of State

Entity Name: FLORIDA WIND MITIGATION SERVICE LLC

Current Principal Place of Business:

7361 BOLTEN LN.
PORT CHARLOTTE, FL 33981 US

New Principal Place of Business:

Current Mailing Address:

7361 BOLTEN LN.
PORT CHARLOTTE, FL 33981 US

New Mailing Address:

FEI Number: 45-0574075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PFANNKUCH, WILLIAM C
7361 BOLTEN LN.
PORT CHARLOTTE, FL 33981 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: MGRM () Delete
Name: PFANNKUCH, SUZELLE E
Address: 7361 BOLTEN LN.
City-St-Zip: PORT CHARLOTTE, FL 33981 US

Title: MGRM () Delete
Name: PFANNKUCH, SUZELLE K
Address: 7361 BOLTEN LN.
City-St-Zip: PORT CHARLOTTE, FL 33981 US

Title: MGRM (X) Delete
Name: PFANNKUCH, WILLIAM C
Address: 7361 BOLTEN LN.
City-St-Zip: PORT CHARLOTTE, FL 33981 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: PFANNKUCH, WILLIAM C
Address: 7361 BOLTEN LANE
City-St-Zip: PORT CHARLOTTE, FL 33981 US

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: WILLIAM C. PFANNKUCH

P

01/15/2008

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