

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000097283

FILED
Jun 05, 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: P () Delete
Name: PFANNKUCH, WILLIAM C
Address: 7361 BOLTEN LANE
City-St-Zip: PORT CHARLOTTE, FL 33981 US

Title: VP (X) Delete
Name: HILDEBRAND, JOSHUA
Address: 12700 SUGARBOWL RD.
City-St-Zip: MYAKKA CITY, FL 34251 US

ADDITIONS/CHANGES:

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

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

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

06/05/2008

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