

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000089832

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Entity Name:** STORM COAST COMMUNICATIONS LLC

**Current Principal Place of Business:**

4301 SOUTH FLAMINGO ROAD, #169  
DAVIE, FL 33330

**New Principal Place of Business:**

3001 NORTH ROCKY POINT DRIVE E  
SUITE 200  
TAMPA, FL 33607

**Current Mailing Address:**

4301 SOUTH FLAMINGO ROAD, #169  
DAVIE, FL 33330

**New Mailing Address:**

**FEI Number:** 61-1435636      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

JONES, TOM  
4301 SOUTH FLAMINGO ROAD, #169  
DAVIE, FL 33330      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:** JONES, TOM  
**Address:** 4301 SOUTH FLAMINGO ROAD, #169  
**City-St-Zip:** DAVIE, FL 33330

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: TOM JONES      MGR      01/07/2010

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