

L18000250746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

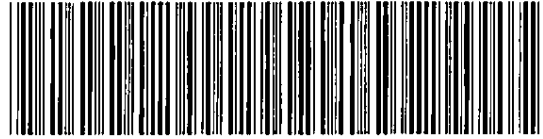
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000438484560

10/29/24--01013--018 \*\*5.00

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2024 DEC -6 AM 8:55

FILED

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Storm Burn Fabrication and Welding LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Storms  
Name of Person

Storm Burn Fabrication and Welding LLC  
Firm/Company

14813 Scharber Rd.  
Address

Dade City, FL 33525  
City/State and Zip Code

Stormburnwelding@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Storms at ( 813 ) 442-1585  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 18, 2024

WILLAM STORMS  
14813 SCHARBER ROAD  
DADE CITY, FL 33525

SUBJECT: STORM BORN FABRICATION AND WELDING LLC  
Ref. Number: L18000250746

We have received your document for STORM BORN FABRICATION AND WELDING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

List the name of your LLC exactly as it appears on DOS records.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 024A00025154

*received back on  
12/6/24*

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: Storm Born Fabrication and Welding LLC

2. (a) 14813 Scharber Rd. (b) 14813 Scharber Rd.

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Dade City, FL 33525

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Dade City, FL 33525

3. 10/24/2018 4. L18000250746  
Date of filing/registration in Florida Document number

5. (a) Legal Corp Solutions, LLC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3440 W. Hollywood Blvd.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 415  
Hollywood, FL 33021

(b) William Storms  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

14813 Scharber Rd.

NEW Registered Office Address:

1  
Dade City, FL 33525

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

William A. Storms  
Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent

FILED  
2024 DEC -6 AM 8:55  
TALLAHASSEE, FLORIDA