

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000003590

FILED  
Apr 21, 2008  
Secretary of State

Entity Name: STORM GUARD RESTORATION LLC

**Current Principal Place of Business:**

1629 PRIME CT.  
SUITE 700  
ORLANDO, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

1629 PRIME CT.  
SUITE 700  
ORLANDO, FL 32809

**New Mailing Address:**

FEI Number: 33-1055489

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RAMSAY, JAMES P  
1629 PRIME CT.  
SUITE 700  
ORLANDO, FL 32809 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: PRES ( ) Delete  
Name: RAMSAY, JAMES  
Address: 1629 PRIME CT SUITE 700  
City-St-Zip: ORLANDO, FL 32809

Title: MGRM ( ) Delete  
Name: LINEHAN, JAMES  
Address: 1629 PRIME CT. #700  
City-St-Zip: ORLANDO, FL 32809

**ADDITIONS/CHANGES:**

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: LEEANN KLIMEK

CPA

04/21/2008

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