## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000003590

Entity Name: STORM GUARD RESTORATION LLC

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

 1629 PRIME CT.
 411 3RD ST. N

 SUITE 700
 SUITE 260

ORLANDO, FL 32809 WAITE PARK, MN 56387

Current Mailing Address: New Mailing Address:

1629 PRIME CT. 411 3RD ST. N SUITE 700 SUITE 260

ORLANDO, FL 32809 WAITE PARK, MN 56387

FEI Number: 33-1055489 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BAIRD, EDWARD ESQ. WRIGHT, FULFORD, MOORHEAD & BROWN, P.A. 145 NORTH MAGNOLIA AVENUE ORLANDO, FL 32801 US

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: ADDITIONS/CHANGES:

Title: PRES () Delete Title: PRES (X) Change () Addition Name: RAMSAY, JAMES Name: LINEHAN, JAMES Address: 1629 PRIME CT SUITE 700 Address: 145 NORTH MAGNOLIA AVENUE

City-St-Zip: ORLANDO, FL 32809 City-St-Zip: ORLANDO, FL 32801

Title: MGRM (X) Delete Title: ( ) Change ( ) Addition

 Name:
 LINEHAN, JAMES
 Name:

 Address:
 1629 PRIME CT. #700
 Address:

 City-St-Zip:
 ORLANDO, FL 32809
 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: JAMES LINEHAN PRES 03/20/2009