M05000005188

(Re	equestor's Name)	
, (Ad	ldress)	
	I-luX	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	
(Du	isiness Enuty ivar	nej
(Do	cument Number)	
Certified Copies	Certificates	of Status
•	_	
Special Instructions to	Filing Officer:	
		,
		,
,		
L		

Office Use Only



000076054130

06/13/06--01024--009 **25.00

2006 JUL -5 PH 12: 30 SECRETARY OF STATE

MD X



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 15, 2006

PATRICIA A. MYER 4237 BERKSHIRE DR. SARASOTA, FL 34241

SUBJECT: STORM STOPPERS LLC

Ref. Number: M05000005788

We have received your document for STORM STOPPERS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filled and is being returned for the following correction(s):

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

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 706A00040575

COVER LETTER

Division of Corporations		
SUBJECT: STORM STOPPERS, LLC (Name of Limited Liability Company)		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
PATRICIA A. MYER (Name of Person) STORM STOPPERS, LLC DBA! HUMICANE-SAIELDS (Firm/Company) 4237 BERK SHIRE DR, (Address) SARA-SOTA, FL. 34241 (City/State and Zip Code) For further information concerning this matter, please call:		
PAT MYER at (800) 977-8780		
(Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\ \text{Status} \ \ \text{Solon Filing Fee & Certificate of Status} \ \text{Certificate of Status} \ \tex		

MAILING ADDRESS:

Registration Section

TO:

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

1. The name of the limited liability compan Department of State is:	y as it appears on the records of the Florida STOPPERS LLC.
2. This entity was formed under the laws of	
3. This entity was authorized to transact bus and its Florida document/registration number	
4. The name and address of each manager of	r managing member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR DO NOT REMOVE	PATRICIA A. MYERS 4237 BERKSHIREMORD
MGR DO NOT REMove	PLAC GLASS 13180 FELLOWSHIP WAY REND, NV. 89511
MGR_ REMOVE PLEASE	TERRY A. MYER 4237 BERKSHIRE DR. SARASOTA, FL 34241
	1
Required Signature: Pattice (Signature of	Manager, Managing Member or Member)

Filing Fee: \$25