

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005788

Entity Name: STORM STOPPERS LLC

FILED  
Jan 16, 2009  
Secretary of State

**Current Principal Place of Business:**

7690 37TH ST CIR E  
SARASOTA, FL 34243

**New Principal Place of Business:**

7822 EAGLE CREEK DR  
SARASOTA, FL 34243

**Current Mailing Address:**

7690 37TH ST CIR E  
SARASOTA, FL 34243

**New Mailing Address:**

7822 EAGLE CREEK DR  
SARASOTA, FL 34243

FEI Number: 05-0627723

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

MYER, PATRICIA A  
7822 EAGLE CREEK DR  
SARASOTA, FL 34243 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: PATRICIA A MYER

01/16/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MYER, PATRICIA  
Address: 4237 BERKSHIRE DR  
City-St-Zip: SARASOTA, FL 34241

Title: MGRM ( ) Delete  
Name: GLASS, ZAC  
Address: 13180 FELLOWSHIP WAY  
City-St-Zip: RENO, NV 89511

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MYER, PATRICIA  
Address: 7822 EAGLE CREEK DR  
City-St-Zip: SARASOTA, FL 34243

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: PATRICIA A MYER

MGMR

01/16/2009

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