

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000050301

**Entity Name:** PENTASTORM LLC

**Current Principal Place of Business:**

1370 GRAND CAYMAN DR  
MERRITT ISLAND, FL 32952

**Current Mailing Address:**

1370 GRAND CAYMAN DR  
MERRITT ISLAND, FL 32952 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

METCALF, DAVID II  
1370 GRAND CAYMAN DR  
MERRITT ISLAND, FL 32952 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

**Authorized Person(s) Detail :**

Title MGRM  
Name DM2 RESEARCH AND DESIGN, INC  
Address 1370 GRAND CAYMAN DR  
City-State-Zip: MERRITT ISLAND FL 32952

Title MGRM  
Name METCALF, DAVID II  
Address 1370 GRAND CAYMAN DR  
City-State-Zip: MERRITT ISLAND FL 32952

Title MGRM  
Name RIPIN, AARON  
Address 1370 GRAND CAYMAN DR  
City-State-Zip: MERRITT ISLAND FL 32952

Title MGRM  
Name WALKER, JOSEPH GARY  
Address 1370 GRAND CAYMAN DR  
City-State-Zip: MERRITT ISLAND FL 32952

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** AARON J. RIPIN

MGRM

04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date