

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000242621

**Entity Name:** STORMNORMGRAPHX, LLC

**Current Principal Place of Business:**

1713 PRIMROSE COURT  
PORT ST. LUCIE, FL 34952

**Current Mailing Address:**

1713 PRIMROSE COURT  
PORT ST. LUCIE, FL 34952 US

**FEI Number:** 84-3310919

**Certificate of Status Desired:** No

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

LOPEZ, NORMAN  
1713 PRIMROSE COURT  
PORT ST. LUCIE, FL 34952 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 AMBR  
Name LOPEZ, NORMAN  
Address 1713 PRIMROSE COURT  
City-State-Zip: PORT ST. LUCIE FL 34952

*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:** NORMAN LOPEZ

AMBR

04/20/2025

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date