

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000432262

Entity Name: MY STORM RELIEF, LLC

Current Principal Place of Business:

20199 COLE LANE
LOXAHATCHEE, FL 33470

Current Mailing Address:

20199 COLE LANE
LOXAHATCHEE, FL 33470 US

FEI Number: 92-0603525

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PITTALUGA, CHRISTIANE
1444 E BEXLEY PARK DR
DELRAY BEACH, FL 33445 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 MGR
Name DUNLAP, JUSTIN
Address 3064 ROSTAN LN
City-State-Zip: LAKE WORTH FL 33461

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: JUSTIN DUNLAP

MRG

02/09/2023

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date