

**2024 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:**

JUSTIN, DUNLAP  
20199 COLE LN  
LOXAHATCHEE, FL 33470 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:** JUSTIN DUNLAP

03/06/2024

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

03/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date