

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000348333

**Entity Name:** STORM SMART SE, LLC

**Current Principal Place of Business:**

6182 IDLEWILD STREET  
FORT MYERS, FL 33409

**Current Mailing Address:**

1939 7TH AVE  
SUITE 1  
LAKE WORTH, FL 33461 US

**FEI Number:** 88-2577746

**Certificate of Status Desired:** Yes

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

CASSELL, BRIAN  
6182 IDLEWILD STREET  
FORT MYERS, FL 33966 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 THE SMART COMPANIES LLC  
Address 6182 IDLEWILD STREET  
City-State-Zip: FORT MYERS FL 33966

Title CFO  
Name CASSELL, BRIAN  
Address 6182 IDLEWILD STREET  
City-State-Zip: FORT MYERS FL 33966

Title CEO  
Name BURRIS, SCOT  
Address 6182 IDLEWILD STREET  
City-State-Zip: FORT MYERS FL 33966

Title AP  
Name JERRELL, TIFFANI  
Address 6182 IDLEWILD STREET  
City-State-Zip: FORT MYERS FL 33409

*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:** THE SMART COMPANIES

ACCOUNTING/FINANCE  
COORDINATOR

03/06/2024

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

\_\_\_\_\_  
Date