2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L06000096224

Entity Name: SHUTTER, DOORS & WINDOW SOLUTIONS, LLC

Current Principal Place of Business:

1825 MAIN STREET
2ND FLOOR
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

1825 MAIN STREET
2ND FLOOR
WESTON, FL 33326

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HORACIO SOSA, PA
1825 MAIN STREET
2ND FLOOR
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: NINA, JENNIFER
Address: 1825 MAIN STREET, 2ND FLOOR
City-St-Zip: WESTON, FL 33326

Title: MGR ( ) Delete
Name: NINA, FRANCISCO
Address: 1825 MAIN STREET, 2ND FLOOR
City-St-Zip: WESTON, FL 33326

Title: MGR ( ) Delete
Name: ROSADO-VALDEZ, TILBIO T
Address: 1825 MAIN STREET, 2ND FLOOR
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: FRANCISCO NINA MGR 04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date