

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000086701

**Entity Name:** EDWING'S UNLIMITED SHUTTER SERVICES, LLC

**Current Principal Place of Business:**

6820 NW GARBETT STREET  
PORT ST LUCIE, FL 34983-1326

**Current Mailing Address:**

PO BOX 881085  
PORT ST LUCIE, FL 34988-1085 US

**FEI Number:** 45-2828602

**Certificate of Status Desired:** No

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

SOSA, EDWING  
6820 NW GARBETT STREET  
PORT ST LUCIE, FL 34983-1326 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 MGRM  
Name SOSA, EDWING  
Address 6820 NW GARBETT STREET  
City-State-Zip: PORT ST LUCIE FL 34983-1326

Title MGR  
Name SOSA, JUAN F  
Address 6820 NW GARBETT STREET  
City-State-Zip: PORT ST LUCIE FL 34983-1326

*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:** EDWING SOSA

**MGRM**

**05/25/2020**

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

\_\_\_\_\_  
Date