LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 30 PM 2:23

DOCUMENT # L00000011761

1. Entity Name

Shutter Products International, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6200 Metroplex Drive	6200 Metroplex Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Myers, FL	City & State: Fort Myers, FL
Zip: 33912 Country: Lee	Zip: 33912 Country: Lee

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1046341 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Gregory P. Allowe

Street Address (P.O. Box Number is Not Acceptable)

6200 Metroplex Drive

City: Fort Myers, FL Zip Code: 33912

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: X _____ June 24, 2003
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Laurence C. Kozlicki 6200 Metroplex Dr, Fort Myers, FL 33912	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200021181622 06/30/03--01004--010 **50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Gregory P. Allowe 6200 Metroplex Dr, Fort Myers, FL 33912	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: X _____ Managing Member 6/24/03 239/931-3647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

FROM : PHONE NO. : Jun. 23 2003 05:30PM P2