2001 UNIFORM BUSINESS REPORT (UBR)

חטטט וו	MENT # 1 0000	0012607	7			,.	:			
DOCUMENT # L0000012697 1. Entity Name ROLL TECH HURRICANE SHUTTERS, L.L.C.						FILED				
						01 APR 23 PM 5: 20				
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Principal Place of Business Mailing Address 308 SOUTH JEFFERSON STREET 308 SOUTH JEFFER PENSACOLA FL 32501 PENSACOLA FL 3250				·		SECRETARY OF FALLAHASSEE,	FLORIDA		· -	
, 2.10//02/	. • • • • • • • • • • • • • • • • • • •									
2. Principal Place of Business 3. Mailing Address										
·	<u>-</u>	Cuito Apt # of	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
Suite, Apt. #, etc. Suite, Ap										
City & State	9	City & State	ty & State			4. FEI Number Applied For 59 – 3676397 Not Applicable				
Zip Country Z		Zip	p Country			5. Certificate of Status Desired				
	6. Name and Address of Current	Registered Agent			7. Nan	ne and Address of New	Registered A	gent		
				Name						
MATTHEWS, EDSEL F JR. 308 SOUTH JEFFERSON STREET				Street Address (P.O. Box Number is Not Acceptable)						
PENSACOLA FL 32501			1							
			^	City			FL	Zip Code	•	
8. The above	named entity submits this statement for	or the purpose of chan	iging its register	ed office or re	egistered agent	, or both, in the State of F	lorida.			
SIGNATURE							DATE			
	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registere	d Agent signature	required when reinstr	iing)	DATE			
	et e	F	ILE NOW!!!	FEE IS \$5	0.00					
		Make Ch	eck Payable t	o Departm	ent of State					
9.	MANAGING MEME	ERS/MEMBERS	10.			ADDITION	S/CHANGES			
TITLE	Member W. Franklin Math	is Dele					4400	☐ Change	Addition	
NAME	4714 Hickory Shores Blvd			EET ADDRESS		2000041350826 -05/03/0101149016				
STREET ADDRESS CITY-ST-ZIP	Gulf Breeze, FL 32561			-ST-ZIP	e Linguage Pagalance Fil					
TITLE	Member	☐ Dele						Change		
NAME	Edsel F. Matthews, Jr.			EET ADDRESS		·				
STREET ADDRESS CITY-ST-ZIP	308 S. Jefferson Street Pensacola, FL 32501			-ST-ZIP		٠.				
TITLE	Tensacola, III	Deta						Change	Addition	
NAME			NAN Stri	ME EET ADDRESS						
STREET ADDRESS CITY-ST-ZIP				/-ST-ZIP						
TITLE		☐ Delt					,	Change	☐ Addition	
NAME			NAM	ME EET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	·			(-ST-ZIP						
TITLE		☐ Dele	ete TITL	Ε	· · · · · · · · · · · · · · · · · · ·			☐ Change	☐ Addition	
NAME			NAN		<u> </u>					
STREET ADDRESS CITY-ST-ZIP			1	EET ADDRESS (-St-ZIP				•		
TITLE		Dele	ete TITL	E.				☐ Change	Addition	
NA ME			NAN					•		
STREET ADDRESS CITY-ST-ZIP		•		EET ADDRESS (-ST-ZIP		-	·			
44 I basabus	certify that the information supplied wit	h this filing does not a	ualify for the exe	emption state	d in Section 119	9.07(3)(i), Florida Statute:	s. I further cert	ify that the in	nformation	
indicated	on this report is true and accurate and bility company or the receiver or truste	d that my signature sha	all have the sam	e legal effect	t as if made und	ier oath; that i am a man	aging membe	r or manage	r OT INE	