

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000006173

FILED
Feb 14, 2007
Secretary of State

Entity Name: AL'S WHOLESALE BLINDS AND SHUTTERS, LLC

Current Principal Place of Business:

1063 THEODORE AVE.
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

Current Mailing Address:

1063 THEODORE AVE.
JACKSONVILLE BEACH, FL 32250 US

New Mailing Address:

FEI Number: 16-1691652 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARWOOD, ALLEN R SR.
1063 THEODORE AVE.
JACKSONVILLE BEACH, FL 32250 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: HARWOOD, ALLEN R SR.
Address: 1063 THEODORE AVE.
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: MGRM () Delete
Name: HARWOOD, ELIZABETH
Address: 1063 THEODORE AVE.
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: MGR () Delete
Name: HARWOOD, ALLEN R JR
Address: 1063 THEODORE AVE.
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

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 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: ALLEN R. HARWOOD SR.

MGR

02/14/2007

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