2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L040000468499

1. Entity Name

ALL WEATHER HURRICANE SHUTTERS OF VOLUSIA COUNTY, LLC.



FILED Mar 05, 2007 08:00 AM Secretary of State

Principal Place of Business

4208 SAXON DRIVE

NEW SMYRNA BEACH, FL 32169 US

Mailing Address

4208 SAXON DRIVE

NEW SMYRNA BEACH, FL 32169

03032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number Applied For 20-1286760 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

EARNEST, CLINT 4208 SAXON DRIVE NEW SMYRNA BEACH, FL 32169

SIGNATURE:

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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered			Agent algoriture required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007				
9.	MANAGING MEMBERS/MANAGERS	·)		
TITLE	MGRM			
NAME	EARNEST, CLINT S			
STREET ADDRESS	4208 SAXON DRIVE			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 cath; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				