

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046819

FILED
Apr 14, 2008
Secretary of State

Entity Name: ALL WEATHER HURRICANE SHUTTERS OF VOLUSIA COUNTY, LLC.

Current Principal Place of Business:

4208 SAXON DRIVE
NEW SMYRNA BEACH, FL 32169 US

New Principal Place of Business:

Current Mailing Address:

4208 SAXON DRIVE
NEW SMYRNA BEACH, FL 32169 US

New Mailing Address:

FEI Number: 20-1286760

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

04/14/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: EARNEST, CLINT S
Address: 4208 SAXON DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: EARNEST, JUDY A
Address: 4208 SAXON DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: MGR () Change (X) Addition
Name: EARNEST, SHAWN G
Address: 4208 SAXON DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: MGR () Change (X) Addition
Name: EARNEST, CASEY W
Address: 4208 SAXON DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

I hereby certify that the information supplied with this filing does not qualify 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: CLINT S EARNEST

MGRM

04/14/2008

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