2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000068000

1. Entity Name
ARMADILLO HURRICANE SHUTTERS LLC

Principal Place of Business	Mailing Address
841 WEST 53RD STREET	841 WEST 53RD STREET
HIALEAH, FL 33012	HIALEAH, FL 33012

DO NOT WRITE IN THIS SPACE

01122007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
43-2071219	Not Applicable

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

6. Name and Address of Current Registered Agent

ARMAS, RUBEN
841 WEST 53RD STREET
HIALEAH, FL 33012

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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 signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	ARMAS, RUBEN
STREET ADDRESS	841 WEST 53RD STREET
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	MGR
NAME	ARMAS, MARLENE
STREET ADDRESS	841 WEST 53RD STREET
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/29/07-80021-012 50.00

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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 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: _____   1/10/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #