

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90258 030 ****50.00

DOCUMENT # L04000070845					
1. Entity Name M & M SHUTTER SERVICES, LLC					
Principal Place of Business 9900 STIRLING ROAD, SUITE 304 COOPER CITY, FL 33024			Mailing Address 9900 STIRLING ROAD, SUITE 304 COOPER CITY, FL 33024		
2. Principal Place of Business - No P.O. Box# 8688 GRIFFIN ROAD			Mailing Address SAME		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State COOPER CITY, FL			City & State		
Zip 33328		Country USA		Zip	
6. Name and Address of Current Registered Agent SAFRA, MARK 9900 STIRLING RD., STE 304 COOPER CITY, FL 33024				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8688 GRIFFIN ROAD City COOPER CITY FL 33328	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME SAFRA, MARK STREET ADDRESS 9900 STIRLING RD., #304 CITY-ST-ZIP COOPER CITY, FL 33024	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME 8688 GRIFFIN ROAD STREET ADDRESS COOPER CITY, FL 33328 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: Mark Safra			Date: 4/15/07 Daytime Phone #: 954 274 5440		