

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000074376

FILED
Apr 02, 2008
Secretary of State

Entity Name: SHUTTER SPECIALISTS, LLC

Current Principal Place of Business:

15804-1 BROTHERS COURT
FT. MYERS, FL 33912

New Principal Place of Business:

410 LEONARD BLVD N
4
LEHIGH ACRES, FL 33971

Current Mailing Address:

15804-1 BROTHERS COURT
FT. MYERS, FL 33912

New Mailing Address:

410 LEONARD BLVD N
4
LEHIGH ACRES, FL 33971

FEI Number: 20-1742762

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETRICK, FRANK
15804-1 BROTHERS COURT
FT. MYERS, FL 33912 US

Name and Address of New Registered Agent:

PETRICK, FRANK
410 LEONARD BLVD N
4
LEHIGH ACRES, FL 33971 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:

04/02/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PETRICK, FRANK
Address: 15804-1 BROTHERS COURT
City-St-Zip: FORT MYERS, FL 33912 US

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PETRICK, FRANK
Address: 410 LEONARD BLVD N # 4
City-St-Zip: LEHIGH ACRES, FL 33971 US

Title: VP () Change (X) Addition
Name: PETRICK, TOBIAS
Address: 410 LEONARD BLVD N #4
City-St-Zip: LEHIGH ACRES, FL 33971

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: TOBIAS PETRICK

VP

04/02/2008

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