


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90175 018 ****50.00

DOCUMENT # L05000006035					
1. Entity Name S.H. GARAGE DOORS LLC					
Principal Place of Business 2809 S.E. TATE AVE PORT ST. LUCIE, FL 34984			Mailing Address 2809 S.E. TATE AVE PORT ST. LUCIE, FL 34984		
2. Principal Place of Business 176 S.W. Gettysburg Dr. Suite, Apt. #, etc.		3. Mailing Address 176 S.W. Gettysburg Dr. Suite, Apt. #, etc.			
City & State Port St Lucie FL		City & State Port St Lucie, FL		4. FEI Number 20-2507125	
Zip 34953		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HUSSEY, STUART 2809 S.E. TATE AVE. PORT ST. LUCIE, FL 34984			7. Name and Address of New Registered Agent Name: Hussey, Stuart Street Address (P.O. Box Number is Not Acceptable): 176 SW Gettysburg Dr City: Port St Lucie FL Zip Code: 34953		
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, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
(Empty row for managing member)			MGR Hussey, Stuart 176 SW Gettysburg Dr. Port St Lucie, FL 34953		
(Empty row for managing member)			MGR Hussey, Sharon 176 SW Gettysburg Dr. Port St Lucie, FL 34953		
(Empty row for managing member)			(Empty row for additions/changes)		
(Empty row for managing member)			(Empty row for additions/changes)		
(Empty row for managing member)			(Empty row for additions/changes)		
(Empty row for managing member)			(Empty row for additions/changes)		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			2-16-06 772-370-6988 <small>Date Daytime Phone #</small>		