

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000017901

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** FLORIDA CUSTOM BLINDS, SHADES AND SHUTTERS, LLC

**Current Principal Place of Business:**

3425 MITZ RD.  
GREEN COVE SPRINGS, FL 32043 US

**New Principal Place of Business:**

6445 SANDHILL RD  
GREEN COVE SPRINGS, FL 32043 US

**Current Mailing Address:**

PO BOX 545  
GREEN COVE SPRINGS, FL 32043 US

**New Mailing Address:**

FEI Number: 76-0781174      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SPENGLER, JULIE L  
3425 MITZ RD.  
GREEN COVE SPRINGS, FL 32043 US

**Name and Address of New Registered Agent:**

SPENGLER, JULIE L  
6445 SANDHILL RD  
GREEN COVE SPRINGS, FL 32043 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:

05/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SPENGLER, JULIE L  
Address: 3425 MITZ RD.  
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SPENGLER, JULIE L  
Address: 6445 SANDHILL RD  
City-St-Zip: GREEN COVE SPRINGS, FL 32043 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: JULIE L SPENGLER

MGRM

05/01/2009

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