

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000047051

FILED  
Apr 12, 2007  
Secretary of State

**Entity Name:** A AND H STORM SHUTTERS, LLC

**Current Principal Place of Business:**

4091 LIPPMAN ROAD  
SAINT CLOUD, FL 34772

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 701193  
SAINT CLOUD, FL 34770

**New Mailing Address:**

**FEI Number:** 20-2824021

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ALPERN, JEFFREY  
210 MISSISSIPPI AVENUE  
SAINT CLOUD, FL 34769 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ALPERN, JEFFREY  
Address: 210 MISSISSIPPI AVENUE  
City-St-Zip: SAINT CLOUD, FL 34769

Title: MGRM ( ) Delete  
Name: HAYDEL, JOHN  
Address: 4091 LIPPMAN ROAD  
City-St-Zip: SAINT CLOUD, FL 34772

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JEFFREY M, ALPERN

OWNE

04/12/2007

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