

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT****FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90345 048 \*\*\*\*50.00

**DOCUMENT # L05000051581**

1. Entity Name

EASY HURRICANE PANELS, L.L.C.



Principal Place of Business

4825 NE 19TH AVENUE  
FORT LAUDERDALE, FL 33308

Mailing Address

4825 NE 19TH AVENUE  
FORT LAUDERDALE, FL 33308

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

04282007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

20-2907659

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ATHANASAKOS, ELIZABETH  
2631 EAST OAKLAND PARK BLVD STE 205  
FORT LAUDERDALE, FL 33306-1618

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

B. 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

Signature, typed or printed name of registered agent and title if applicable.

(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 MGRM ☐ DeleteTITLE ☐ Change ☐ AdditionNAME OSBORNE, JOE ☐ DeleteNAME ☐ Change ☐ Addition

STREET ADDRESS 4825 NE 19TH AVE

STREET ADDRESS

CITY-ST-ZIP FT LAUDERDALE, FL 33308

CITY-ST-ZIP

TITLE ☐ DeleteTITLE ☐ Change ☐ Addition

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE ☐ DeleteTITLE ☐ Change ☐ Addition

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE ☐ DeleteTITLE ☐ Change ☐ Addition

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #